

Chapman University  
One University Drive  
Orange, CA 92866

Medical History  
University Program Participants

*To be completed by participant. If participant is under 18 years of age or younger, then parent or legal guardian.*

Name of Participant: \_\_\_\_\_

Chapman Program: \_\_\_\_\_ Dates of Participation: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Male Home

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender:  Female Telephone #: (\_\_\_\_) \_\_\_\_\_  
MM / DD / YY

Home Address: \_\_\_\_\_  
street city state zip

**IF PARTICIPANT IS A MINOR**  
Print Name of Parent or Legal Guardian: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION** (Insurance coverage for program participant):

Name of Insurance Carrier: \_\_\_\_\_

Name of Insured on Card: \_\_\_\_\_  
If parent or spouse's name appears on card, please indicate that name.

Policy #: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Please provide a copy (front and back) of the participant's insurance card and submit it with this

**EMERGENCY INFORMATION** (Name of person to contact in the event of an emergency):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

1. Have you received a tetanus shot within the last 10 years?  Yes  No  Unsure

2. Allergies (Food, Medicine, Insects, Plants)

Allergy Type of Reaction

\_\_\_\_\_

\_\_\_\_\_

3. Significant medical or chronic conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Current Prescribed Medications (list all)

Medication	Dosage (if known)	Medication	Dosage (if known)
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5. Hospitalizations/Surgeries (list all)

Year	Reason
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I affirm that I have provided Chapman University with full disclosure of information related to mine or my child's health.

Signature of Participant

Parent or Legal Guardian  \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

If signature is not participant's, please indicate relationship: \_\_\_\_\_