



Please complete, scan and email this form to:
studentlife@paris.edu

Health History Information

Required - All students must return this form.

All health records are confidential and kept on file in the Student Life Office in case of emergency.

Please print

.....
Student's Last Name

.....
Student's First Name

.....
Physician's Name

.....
Physician's Telephone

Do you have any health problems that limit your activity? Yes / No

If yes, please describe:

.....
.....
.....
Do you have any allergies? Yes / No

.....
.....
.....

If yes, please list:

.....
.....
.....
In case of emergency please contact:

.....
Last Name

.....
First Name

.....
Relation to Student

.....
Mobile Phone

.....
Home Phone

.....
Email Address

By signing this document you accept that the information in this form will be entered into our digital database. This information will remain confidential and only authorized personnel will have access to it.

En signant ce document, vous donnez votre autorisation pour que les informations contenues dans ce formulaire soient intégrées dans notre base de données. Ces informations sont confidentielles, et l'accès en sera limité aux personnes autorisées.

.....
Signature

.....
Date