

**University of Missouri-St. Louis  
Office of Residential Life  
Resident Medical Form**

This is an internal confidential document used only if a resident becomes ill or injured and is in need of medical treatment. This form is presented to admitting staff at a physician's office or at a hospital.

**General Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**Allergies**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

**Medical Conditions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications**

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Policy Holder

\_\_\_\_\_  
Policy Number

Date of last Tetanus Shot: \_\_\_\_\_

Students who are under the age of 18 must have the signature of a parent/guardian authoring medical treatment in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date