MBCI MEDICAL PROFILE

CONFIDENTIAL

1. Name: _____

2. Birthday: Day_____ Month _____ Year _____ Age _____

3. Home Address: (street)_____

   (City) _____ (Postal Code)_____

4. Home Phone #: _____

5. M.H.S.C. #: _____

   Student Insurance #: _____

   Doctor's name and number_____

6. Mother's phone number_____ cell_____

7. Father's phone number_____ cell_____

8. Emergency contact name and number_____

9. Do you have any chronic medical condition that requires supervision?

   Examples: Diabetes, epilepsy, infection of any kind: Yes _____ No _____

   Decribe:_____

   _____

   _____

   _____

10. Allergies: Yes _____ No _____

    a. Food: Type _____ Reaction _____

    b. Medications: Type _____ Reaction _____

    c. Others: Type _____ Reaction _____