

UNBC Medical Information Record

Any information you provide is completely voluntary. Its purpose is to provide Security / First Aid Officers with any information you feel is relevant regarding your medical condition and/or any treatment you may need. All information provided will be kept in the strictest confidence in the UNBC Security Office and will only be shared with Emergency Medical Personnel should the need arise. UNBC First Aid Attendants follow the WCB Occupational First Aid guidelines and are a minimum level 2 qualified.

Signature: _____

Date: _____

Signature indicates that you have read and understood the above statement.

Note: Attaching a photograph of yourself to this record is recommended as it will aid the Security Officers with recognizing you in the event of an emergency.

PERSONAL INFORMATION

Name _____ Sex M F

Address: _____ Postal Code: _____

Phone #: _____ Date of Birth (d/m/y): _____

Emergency Contact (name & phone) _____

Are you registered with UNBC Disability Services? Yes No

Student

UNBC Staff

UNBC ID #:

UNBC Faculty

Contractor

Other - explain:

Main building/areas of study/work:

MEDICAL INFORMATION

Medical Condition: _____

Medications & Dosages: _____

Allergies: _____

Physician Name & Phone #: _____

BC Care Card #: _____

Medic Alert? Yes No Inscription: _____

Please Provide Any Additional Information:
