

**MIDDLE GEORGIA STATE UNIVERSITY HEALTH CLINIC
CONTACT INFORMATION SHEET**

Name (Last): _____ **(First)** _____ **(MI)** _____

MGA ID # _____ **Date of Birth: (mm/dd/yyyy)** _____

Race: _____ **Gender: Male** **Female**

Cell Number: _____ **Other Number:** _____

Do you live on campus : **Yes** **No**

If Yes: Residence Hall _____ **APT #** _____

If No: Home Address: _____

City: _____ **State:** _____ **Zip:** _____

MGA Email: _____

Name/Location of Preferred Pharmacy: _____

Allergies: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ **Relationship to you:** _____

Address: _____ **City&State** _____

Cell # _____ **Work #** _____ **Other #** _____

MGA STATUS

Circle One: Student Faculty Staff GAMES

Dual enrolled students/Free Senior Adult students do not have access to Health Clinic because no student fee is paid.

