

MIDDLE GEORGIA STATE UNIVERSITY HEALTH CLINIC

CONTACT INFORMATION SHEET

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

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

Race: _____ Gender (Circle one): Male Female

Do you live on campus (Circle one): Yes No

If Yes: Residence Hall _____ APT # _____

If No: Home Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Other Number: _____

MGA Email: _____

Name/Location of Preferred Pharmacy: _____

Allergies: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship to you: _____

Address: _____

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.