



R/V *Point Sur*

Louisiana Universities Marine Consortium

Medical Information Form

Date: _____ Cruise: _____

Name: _____ Phone: _____

Address: _____

Birth Date: _____ PhD / Technician / Student / Other _____

Employer/School: _____

In Case of Emergency, Notify: _____

Relationship: _____ Phone: _____

Personal Physician or Clinic: _____

Allergies: _____

Blood Type: A / AB / B / O RH Factor: Pos / Neg

Please list and explain any major conditions that the captain/emergency medical personnel should know (diabetes, heart trouble, epilepsy, hearing problems, asthma, high blood pressure):

Please list prescriptions and over the counter medications you take regularly (including motion sickness medication):

I authorize personnel of the R/V *Point Sur* and LUMCON to release necessary medical information to health care providers in the event of illness or injury:

Signature