

**CONFIDENTIAL HEALTH INFORMATION FOR HALL STAFF**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NetID: \_\_\_\_\_ NDID #:(e.g. 900---) \_\_\_\_\_ Room #: \_\_\_\_\_

Class Level: \_\_\_\_\_ Cell Phone number \_\_\_\_\_ Religious Affiliation (if any): \_\_\_\_\_

**In case of Emergency, Contact:** (name, relation, cell #) \_\_\_\_\_

**For the Purpose of emergencies that may arise, please check all that apply:**

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Bleeding Disorder (hemophilia, blood clots, etc)                      \_\_\_\_\_ Diabetes Mellitus

\_\_\_\_\_ Heart Disorder (rhythmic, valvular/murmurs, etc)                      \_\_\_\_\_ Seizures (epilepsy, etc)                      \_\_\_\_\_ Hypoglycemia

\_\_\_\_\_ Tendency to Faint                      \_\_\_\_\_ Depression                      \_\_\_\_\_ Anxiety                      \_\_\_\_\_ Eating Disorder

**Other Physical or Mental Health Condition:** \_\_\_\_\_

**Please list all medications taken on a regular basis (especially prescriptions):** \_\_\_\_\_

**Please List any food, drug, or other allergies, as well as their severity:** \_\_\_\_\_

Medical Insurance Coverage (Company & Insurance #): \_\_\_\_\_

*The undersigned hereby provides this information to the University of Notre Dame Office of Residential Life or others designated by them for the purpose of initiating prompt and proper action on my behalf if a medical emergency should arise.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HOME INFORMATION**

Address: \_\_\_\_\_  
Street City / State / Zip / Country

**Parent / Guardian Information:**

Father / Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City / State / Zip / Country

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mother / Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City / State / Zip / Country

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**I live with** \_\_\_\_\_ Both parents/guardians \_\_\_\_\_ Father/guardian \_\_\_\_\_ Mother/guardian  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Name and ages of your brothers/sisters:**

\_\_\_\_\_  
\_\_\_\_\_