UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo
NEW ZEALAND

CONFIDENTIAL MEDICAL FORM

This is collected to assist staff in the event of an emergency.
Please take time to complete this to the best of your ability.

Name: ____

Tel: _____________ Mobile: ____________ E-mail: ________________

Address: ____

Date of Birth ____/____/_____

Do you suffer from any allergies? ○ Yes ○ No

If Yes please advise type & severity _______________________________

Do you suffer from any of the following medical conditions?

Asthma ○ Yes ○ No Severity ______________________

Diabetes ○ Yes ○ No

Epilepsy ○ Yes ○ No

Other, please state: ____

Medication you are currently taking: ______________________________

Tetanus Injection up to date ○ Yes ○ No

Dietary Requirements: _______________________________________

Emergency Contact _______________________________________

Relationship to you _______________________________________

Contact number Home / Work & Mobile: ___________________________

I confirm that the above information is correct to the best of my knowledge and will advise staff if any of this information changes.

Signature: ____________________________________ Date: ________________

Please return form via email to:
Pacific Islands Centre, Dunedin / pacific.outreach@otago.ac.nz