

University at Buffalo  
R & I Services  
**EMERGENCY CARD**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Club \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Campus Address \_\_\_\_\_ Campus Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Roommate's Name \_\_\_\_\_

Who to Notify in Case of Emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

General Information (circle or explain):

- Y    N    1. Do you wear contacts?  
Y    N    2. Do you wear them during competition? Hard or Soft ?  
Y    N    3. Do you have allergies? If yes, please list:  
\_\_\_\_\_  
Y    N    4. Are you taking any medications regularly? If yes, please list:  
\_\_\_\_\_  
Y    N    5. Do you have any respiratory problems? If yes, please list:  
\_\_\_\_\_  
Y    N    6. Have you ever suffered a head injury?  
Y    N    7. If yes, was it severe enough to see a doctor?  
Y    N    8. Do you have any medical problems or history of injury that would be important  
for us to know? Ex. Diabetes, high blood pressure, epilepsy, dislocated shoulder,  
injured knee, etc. If yes, please list:  
\_\_\_\_\_  
9. Please give the approximate date of your last tetanus shot. \_\_\_\_\_