



## Medical Form

### Musician's Information

Musician's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Immunization Information

When was your child last immunized for Tetanus? (Date should be within the last 10 years): \_\_\_\_\_

Has your child had Chicken Pox?      Yes      No

Has he/she had the Varicella vaccine?      Yes      No

Current Medications (please list): \_\_\_\_\_

\_\_\_\_\_

Chronic illnesses or conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Any other medical or personal information of which PSE should be aware?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Employer (employer connected to the insurance coverage): \_\_\_\_\_

**Emergency Contact Person 1**

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to Musician: \_\_\_\_\_

**Emergency Contact Person 2**

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to Musician: \_\_\_\_\_

**Emergency Contact Person 3**

Emergency Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to Musician: \_\_\_\_\_

**Send to: MYS, 4800 SW Macadam Ave. Suite 105, Portland, OR 97239**