

Field Geology (GEOL 129A/129B/129C) – San Jose State University

Medical Form

Participant (YOU)

Name: _____

Home Address: _____

Phone: (_____) _____ Email : _____

Person to be notified in case of emergency:

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Medical Problems:

List any medical issues such as allergies to medications, the environment (e.g. bee stings) food etc that should be known in the case of an emergency where you cannot speak or communicate with medical personnel. If NONE state NONE.

Physical Limitations (handicaps):

Please list any physical, medical or other limitations that might impede your ability to safely undertake normal geologic field mapping activities in rugged semiarid environment. Mapping includes intermittent hiking long distances with a full daypack for 9 hours a day.
