Reality Factor 2017 Medical Information

(For Cornerstone Use Only)

Please provide the following information in case medical treatment is necessary:

Name:

Allergies:

Medications being taken (instructions):

Date of last tetanus shot:

Physical impairments / restrictions:

Personal Physician:

Name:

Address:

Phone:

Health Insurance Coverage:

Company:

Policy # / Group # / ID #:

(Copy health insurance card and attach.)