

**MIDDLE GEORGIA STATE UNIVERSITY HEALTH CLINIC**  
**CONTACT INFORMATION SHEET**

**Legal Name (Last):** \_\_\_\_\_ **(First)** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**MGA ID #** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Date of Birth: (mm/dd/yyyy)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Race:** \_\_\_\_\_ **Ethnicity: Hispanic / Non-Hispanic**

**Gender (Please Circle):** **Male / Female / Non-binary / Intersex / Transgender-Male / Transgender-Female / Other:** \_\_\_\_\_

**Pronouns: He/Him    She/Her    They/Them    Other:** \_\_\_\_\_

**Do you live on campus (Circle one):    Yes    No**

**If YES: Residence Hall** \_\_\_\_\_ **Room #** \_\_\_\_\_

**If NO: Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**MGA Email:** \_\_\_\_\_@mga.edu

**Name/Location of Preferred Pharmacy:** \_\_\_\_\_

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

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Work/Alternate #** \_\_\_\_\_

**MGA STATUS**

**Circle One:    Student    Faculty    Staff    GAMES**

**Dual enrolled students/Free Senior Adult students do not have access to Health Clinic because no student fee is paid.**