

**University of Wisconsin-La Crosse
Physical Therapy Program
PERSONAL DATA SHEET**

Name: _____ Gender: _____

Permanent Home Address: _____

Birthdate: _____ Phone Number: _____

In case of accident, injury, or emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Health Insurance:

Company: _____

Group Number: _____ Subscriber Number: _____

Professional Liability: Yes No Company: Seabury & Smith

Health Status:

DATE STATUS ITEM

_____ Physical Exam

_____ MMR Titer

_____ Varicella Zoster Titer

_____ TB skin test or chest x-ray within last six months

_____ Tetanus/Diphtheria with evidence of tetanus booster within last ten years

_____ Hepatitis B

_____ Dose One

_____ Dose Two

_____ Dose Three

_____ CPR Certification