



Mississippi Area Health Education Center

University of Mississippi Medical Center
Information Sheet for Health Education Program / Workshop

Please complete the entire form with signature prior to the beginning of program

1. Name _____

2. Email _____

3. Student ID # _____

4. S.S. # _____

5. Date of Birth _____

6. Sex Male Female

7. Marital Status Single Married Other

8. Number of children _____

9. Ethnic Background

American Indian Asian Black

White Hispanic Other

10. Phone number () _____

Cell number () _____

11. Current Address

Street _____

City _____

State _____ Zip _____

12. Approximate population

under 1,000 25,000-49,999

1,000-9,999 50,000-99,999

10,000-24,999 100,000 & above

13. School completed (Circle highest level achieved)

High School 1 2 3 4

Undergraduate 1 2 3 4

Graduate 1 2 3 4

Resident 1 2 3 4

14. **Description of program / workshop**

Name of program / workshop _____

Date(s) of program / workshop _____

Name of instructor(s) _____

20. **Provide an address and phone number where you can be reached while taking this program / workshop.**

_____ () _____
Street Address Town Phone

21. Sign and Date

Signature _____ Date _____
(Student)

22. Signature _____ Date _____
(Parent/Guardian – if applicable)