



New Student Health Form

All sections required. Please complete in ink.
Instructions on how to submit this form are in SECTION G.

A

MEDICAL INFORMATION

Student Full Name: _____ Date of Birth ____/____/____

Height _____ Weight _____ Social Security Number _____

FALL START SPRING START START YEAR: _____

If you have attended CIU in the past, please list year: _____

Permanent Address _____ City _____ ST _____

Phone _____

B

EMERGENCY CONTACT INFO

Name: _____ Relationship _____

Phone: _____ Email: _____

City: _____ State: _____

C

IMMUNIZATIONS (Required if born after 1956)

Include a copy of your immunization record OR immune blood test results with this form.

REQUIRED

B B G (B ZVhzh, B j b eh, Gj WZa) - Must be 2 doses, 30 days apart, after 1st Birthday

RECOMMENDED

= ZeVi fj h 7 Edađ B Zc c \ 1 h KVgXZa\ (8) X Zc Edm

I ZiVcj h 9 ei] ZgV-EZgj hh'h (l 1] c i] Z eVhi 10 nZVgh)

Check here if you have included a copy of your records.

D

TUBERCULOSIS SCREENING - MUST BE COMPLETED BY HEALTH CARE PROVIDER

I 7 h` c iZhi dgVadY iZhi h gZf j gY VcY b j hi WZ I 1] c dcZ nZVgegdgid Zcglab Zci Vi 8> .

Check here if you are attaching a copy of a report instead of having a doctor complete below.

DATE GIVEN _____ DATE READ _____ RESULT (report actual mm): _____

Negative Positive

IF POSITIVE: Chest XRAY required.

XRAY RESULT: Normal Abnormal Date _____ (Provide copy of report)

Physicians Signature or Health Department Stamp

Office Number

Date



MEDICAL INSURANCE

- Include a copy of your insurance card (front and back) when you submit this form.
- 6AA HI J 9: CI H (cXj Yc\ ciZg:Vi dcVahij YZcih) VgZ gZfj gZY id] VkZ VXX^YZci VcY hospitalization insurance.
- Ej gX] VhZ chj g/cXZ Vi] ZVa] XVgZ.\dk dg^ciZg:Vi dcVahij YZci chj g/cXZ.Xdb
- Check here if you have included a copy of your insurance card.

MEDICAL HISTORY

Please check all that apply:

Anemia	Asthma	Back Problems
Depression	Diabetes	Ear Trouble
Eye Trouble	Epilepsy/Seizures	Frequent Anxiety
Hay Fever	Hepatitis	Heart Murmur
High Blood Pressure	Infectious Mononucleosis	Injury to bone/joints
Kidney Disease	Malaria	Migraine Headaches
Rheumatic Fever	Sickle Cell Disease	Stomach/Intestinal Trouble
Thyroid Problems	Tuberculosis	

Please list any other informaton not covered above (operations, hospitalizations).