



New Student Health Form

Please complete all sections 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 _____ Phone _____

B

EMERGENCY CONTACT INFO

Name: _____ Relationship _____

Phone: _____ Email: _____

City: _____ State: _____

C

IMMUNIZATIONS

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

REQUIRED

• MMR (Measles, Mumps, Rubella) OR Rubeola (Measles) & Rubella (German Measles)

RECOMMENDED

• Hepatitis B • Polio • Meningitis • Varicella (Chicken Pox)

• Tetanus Diphtheria-Pertussis (within the past 10 years)

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

D

TUBERCULOSIS SCREENING - MUST BE COMPLETED BY HEALTH CARE PROVIDER

• TB screening or blood test is required and must be within one year prior to enrollment at CIU.

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

E**MEDICAL INSURANCE**

- **Include a copy of your insurance card (front and back) when you submit this form.**
- All students (including international students) are required to have accident and hospitalization insurance.
- Purchase insurance at healthcare.gov or internationalstudentinsurance.com
- Check here if you have included a copy of your insurance card.

F**MEDICAL HISTORY**

Please check all that apply:

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

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

Please list any allergies (medications, food, insect bites, etc.) and what allergic response you have (rash, breathing problems, etc).

Please list current medications.

G**SUBMIT COMPLETED FORM, IMMUNIZATION RECORD & INSURANCE CARD**

- Students - Submit in one of three ways below (email, fax or mail).
- Athletes - Submit one of the three ways below AND ALSO upload to Front Rush.
 - EMAIL | sally.kennedy@ciu.edu
 - FAX | 803.807.5856
 - MAIL | Sally Kennedy, CIU Health Services
7435 Monticello Road
Columbia, SC 29203

DEADLINES

- Fall Start - **Submit by August 1**
- Spring Start - **Submit by December 15**

QUESTIONS?

- Contact Sally Kennedy | Health Services | 803.807.5056 | sally.kennedy@ciu.edu

The information you provide on this form is strictly for the use of Health Services to assist in providing health care while you are a student. It will not influence your admission status and will not be released to an unauthorized person without your consent. Students with chronic illness requiring in-depth medical care follow-up must make arrangements with a local physician.