

Medical History Form

This form is to be completed by you. If you have a chronic illness, health problems or disability, it is highly recommended that you provide information so there will be continuity of care. All of the information given to Health Services is confidential and will not be released to any other department without your knowledge and consent. Return form to: **Coe College Health Services by JULY 1ST** 1220 First Ave. NE, Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269. Forms may be scanned and emailed to: g-healthservices@coe.edu

Student Information:

Last Name First Name Middle Birth Date

Preferred Name (if different from given name)

Home Address City State Zip

Student Cell Phone (with area code) Social Security Number

Notify in Emergency:

Parent/Guardian Home Phone

Address City State Zip

Phone number Alternate phone number

Health Insurance Information

Coe College recommends that students be covered by health insurance and carry an insurance card with them. If you do not have insurance coverage, check with insurance companies in your area. Some insurance companies also require that "Care Away From Home" is established prior to the student coming to College. **Do you have health coverage under a family or individual policy? (please circle) Yes/ No**

Health Insurance Company Name Name of Policy Holder

Policy Holder's Name Policy Holder's Birthdate SSN of Policy Holder

You MUST carry a copy of your medical insurance card. The student also needs to carry a copy of the prescription drug card if it is different than the medical insurance card. This information will be needed should you require health care outside of Coe Health Services or to obtain prescribed medication at the pharmacy.

ATTACH A COPY of the front and back of your insurance card.

Please attach a copy of the front of your insurance card here.

Please attach a copy of the back of your insurance card here.

I authorize the Advanced Registered Nurse Practitioner to treat me in the case of medical need while a student at Coe College.

Student: _____ **Date:** _____ **Parent:** _____