

Medical History Form

Welcome to Coe College! 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 AUGUST 1ST**
 1220 First Ave. NE, Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269

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	
Parent/Guardian		Home Phone	
Address	City	State	Zip
Parent/Guardian		Home Phone	
Address	City	State	Zip

Medical Alert Conditions

I have this "Med-Alert" condition: _____
On-going chronic illness: _____
List medication allergies: _____
List other allergies: _____

Insurance Data

Do you have health coverage under a family or individual policy?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health Insurance Company Name	Name of Policy Holder
Policy Name	SSN of Policy Holder
You MUST carry a copy of your medical insurance card. This information will be needed should you require health care outside of Coe Health Services. PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD	

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: _____