

Health Status Report

Deadline: June 24

The Health Status Report must be completed in its entirety prior to arriving at Allegheny College.

Legal Last Name Legal First Name Chosen/Preferred Name Middle Initial Gender

Home Address (Number and Street) City/Town State ZIP Code

Date of Birth Student Cell Phone Number

Parent/Guardian Name and Address Parent Cell Phone Number

Parent/Guardian Business Address Business Phone Number

List of Colleges You Have Attended Citizenship

Primary Medical Care Provider Phone Number

PRIMARY INSURANCE INFORMATION

Name / Address of Subscriber Subscriber Date of Birth

Insurance Company Name

Insurance Company Address and Phone Number

Member ID Number Group Number

Preauthorization Required _____ Yes _____ No
for Medical Procedures or
Hospitalizations?

CONSENT FOR MEDICAL CARE

I authorize the medical personnel of Winslow Health Center to administer medical and/or surgical services to me, to perform emergency procedures as necessary, and to refer me to duly licensed medical personnel (including transfer to outside medical facilities) in the event a health care condition may arise that cannot be handled at Winslow. I further authorize Meadville Medical Center to release any medical information provided to me while enrolled at Allegheny College to Winslow Health Center.

Applicant's Signature if over age 18

Parent/Guardian Signature if Applicant is under age 18