

HEALTH AND WELLNESS

Health Information Form

The primary purpose of the **Health Information Form** is to make necessary health care information available to us while you are a student at Palm Beach Atlantic University. This information is for PBA Health and Safety personnel only and will not be released to others without your consent. It is required for ALL students attending classes on the main PBA campus.

1. DEMOGRAPHIC INFORMATION

Legal Name: _____ <small style="display: inline-block; width: 150px; text-align: center;">Last First</small>	PBA ID#: _____
Cell Phone: _____	Home Phone: _____
Home Address: _____ <small style="display: inline-block; width: 150px; text-align: center;">Street or PO Box City State Zip Code</small>	
Date of Birth: ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Check One: <input type="checkbox"/> Commuter <input type="checkbox"/> Living on Campus Residence Hall Name _____	
Check One: <input type="checkbox"/> FT Day Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Evening/ Part-Time <input type="checkbox"/> Pharmacy <input type="checkbox"/> International	
First semester/year enrolled at PBA: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____	

2. EMERGENCY CONTACT INFORMATION

<i>Person to contact in case of emergency:</i>	
Name: _____	Phone: _____
Relationship to you _____	

3. HEALTH INFORMATION *(attach additional sheet if more room for documentation is needed)*

Current physical or mental health conditions which may impact your experience at PBA (chronic or recurring conditions, disabilities, etc): _____
Current medications: _____
Past serious injuries, surgeries, medical or mental health conditions: _____
Allergies (medications, foods, substances): _____
Are you an International student or were you born outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, you must complete the TB Risk Screening Form available on the Health and Wellness department page at https://my.pba.edu</i>

4. HEALTH INSURANCE REQUIREMENT NOTIFICATION

<p>Important: PBA requires all Full-Time Day Undergraduate, International and Pharmacy students to provide evidence of adequate health insurance coverage. These students will be automatically enrolled in the PBA Student Health Plan unless a waiver providing information regarding alternate coverage is submitted by the posted deadline. The deadline date and waiver information can be found on the Health and Wellness page of myPBA. This is an annual requirement.</p>
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5. CONSENT FOR MEDICAL TREATMENT

<p><i>I hereby grant permission to Palm Beach Atlantic University Health and Wellness Center personnel, counselors, and representatives to render and/or obtain treatment (medical/surgical/emotional) necessary to my health and well being. I also permit hospitalization if indicated, and I understand that the expenses for such treatments and/or hospitalizations shall be my responsibility.</i></p>	
Student Signature: _____	Date: _____
<p><i>(Signature of Parent or Guardian if student is under 18 years of age)</i></p>	