



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.**



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 informaton 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.



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.