

**■ PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM**

**IMPORTANT:** Legal safeguards make it necessary for each student to have a medical, physical and immunization record on file in the University Health Service. The primary purpose of this medical record is to provide a basic point of reference in case of future illness, to identify any medical condition requiring attention before it interferes with your studies, and to provide the University Health Service staff with knowledge of any necessity for ongoing treatment. All information revealed will be strictly confidential. The University Health Service is HIPAA compliant.

**STUDENTS:** This form must be completed, returned and verified by University Health Service personnel by July 15. Satisfactory completion of this process is required before you can receive your housing information.

**SEND FORMS TO**  
University Health Service  
The University of the South  
SPO Box 1182  
Sewanee TN 37383-1000

**FOR INFORMATION**  
Call 931.598.1270

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Parents, guardian, or spouse name(s): \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's work phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Father's work phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**In case of emergency,** notify: \_\_\_\_\_

Relationship to you (*mandatory*): \_\_\_\_\_ Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Student cell phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**INSURANCE INFORMATION**

**All students are required to have health insurance coverage.**

**PLEASE COMPLETE AND ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD, FRONT AND BACK.** It is essential that you contact the customer service department of your insurance company to see if they require notification that you will be out of your provider area. Please make sure the student is covered while **in** Sewanee.

Insurance company name: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_ Group ID/policy number: \_\_\_\_\_

Insured parent: \_\_\_\_\_ Insured's date of birth: \_\_\_\_\_

**PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES**

I hereby authorize the staff of the University Health Service, their agents or consultants to perform diagnostic and treatment procedures, which in their judgement may become necessary while the student is enrolled at The University of the South.

Student signature: \_\_\_\_\_ Date (mm/dd/yr): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date (mm/dd/yr): \_\_\_\_\_

As a convenience to students who are unable to obtain the required vaccines prior to arriving on campus, University Health Service can provide the vaccines prior to registration at the approximate costs listed below:

Bacterial meningitis: \$90 ■ Measles, mumps, rubella (MMR): \$65

Tetanus: \$25/TDAP: \$50 ■ Varicella: \$90

Mantoux test (PPD) — skin test for tuberculosis exposure, if needed: \$15

**Please note:** Prior arrangements for vaccines in Sewanee must be made before arriving on campus. Prices may change based on pricing structures for August 2009.