

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. It is required for ALL students attending classes on the main PBA campus.

1. DEMOGRAPHIC INFORMATION

Legal Name: _____ <small style="margin-left: 100px;">Last</small> <small>First</small>		PBA ID#: _____	
Cell Phone: _____		Home Phone: _____	
Home Address: _____ <small style="margin-left: 100px;">Street or PO Box</small> <small>City</small> <small>State</small> <small>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 <i>Residence Hall Name</i> _____			
Check One: <input type="checkbox"/> FT Day Undergraduate <input type="checkbox"/> Graduate/Add'l Bachelors <input type="checkbox"/> Evening/Part-Time <input type="checkbox"/> Pharmacy/DNP <input type="checkbox"/> Non-Degree			
New or Transfer Student starting PBA: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____		Former PBA Student: Yes or No	

2. EMERGENCY CONTACT INFORMATION

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

3. HEALTH INFORMATION *(Please do not leave blank-put N/A. 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): _____

4. HEALTH INSURANCE REQUIREMENT NOTIFICATION

<p>PBA requires all Full-Time Day Undergraduate, International and Pharmacy students to provide evidence of adequate health insurance coverage. These students will be automatically billed and 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 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 necessary, and I understand that the expenses for such treatments and/or hospitalizations shall be my responsibility.</i></p>	
<p>Student Signature: _____</p> <p style="text-align: center; font-size: small;">(Signature of Parent or Guardian if student is under 18 years of age)</p>	<p>Date: _____</p>