



Name _____
Print neatly
 Date of Birth ____/____/____ Age ____ Sex ____
 Student Cell # _____ Athlete Y/N _____ Transfer Y/N _____ Current College Year 1 2 3 4 5
 Parent 1 Address _____ (street or box) _____ (city) _____ (state) _____ (zip) _____
 Phones: Home _____ Work _____ Cell _____
 Parent 2 Address _____ (street or box) _____ (city) _____ (state) _____ (zip) _____
 Phones: Home _____ Work _____ Cell _____
 Health Insurance Company Name _____ Health Insurance Policy # _____
(attach photocopy of insurance card)

IMMUNIZATIONS

Nebraska Wesleyan University requires **meningitis** (after age 16) and **2 MMR** immunizations **PRIOR TO ENROLLMENT**.

MANDATORY IMMUNIZATION HISTORY				
VACCINE	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY
MMR (Measles, Mumps, Rubella) <small>Must be after 12 mo. Both immunization dates are required.</small>				
Meningitis (MCV4) <small>Last vaccination after age of 16</small>				

*** We request that you also attach a full immunization history if available**

PERSONAL HISTORY

ALLERGIC REACTIONS (Please list:
e.g. penicillin, sulfa, food, immunization, ASA, insect bites/stings)

SIGNIFICANT MEDICAL HISTORY/INFORMATION:
If not enough room, attach list to this page (e.g.: Meds, surgery, etc.)

EMERGENCY INSTRUCTIONS

Authorities at Nebraska Wesleyan University make every effort to contact parents or guardians in the case of a medical emergency. Please list your preferred emergency contact.

Emergency contact _____

Relationship _____ **Phone** _____

In an emergency, may authorities at Nebraska Wesleyan University use their judgment in obtaining medical care for you? Please check the appropriate box below.

- Yes** Permission is hereby given to administer recommended medical treatment, diagnostic studies and immunization.
- No** If permission to provide emergency care is not granted, what should be done in an emergency situation?

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____
(Required if student is under 19)

Nebraska Wesleyan University may use information in this form to provide you with medical treatment or services. We are required by law to maintain the confidentiality of information disclosed in counseling, and will not disclose such information to third parties without your written authorization except as may be required or allowed by applicable privacy laws.

Email completed form to studenthealth@nebrwesleyan.edu or mail to:
 Student Health Services • Nebraska Wesleyan University • 5000 Saint Paul Avenue • Lincoln, Nebraska 68504-2794