



Medical Information Needed

1. Please answer all questions on the attached Medical History Form accurately. These forms will be maintained by the health clinic staff and will only be used in the case of an emergency while you are on campus. The information that you disclose will have no effect on your admission status.
2. If you have not had a physical examination in the past 12 months, we strongly recommend that you have one. This can be performed by your family practitioner or on campus in the Health Center.
3. All students must provide documentation of the following required immunizations: MMR (measles/mumps/rubella), Varicella (chicken pox), TDap (tetanus/diphtheria/pertussis or whooping cough), IPV (polio), and Meningococcal (meningitis).
4. Please forward completed Medical History Form, Immunizations record, as well as a current copy (front and back) of your medical insurance card to:

Health Center
Concord University
PO Box 1000, Box F-30
Athens, WV 24712

- Concord University Health Center is located in Wooddell Hall on the second floor. The clinic will be open Mondays-Thursdays from 8:30-2:30 and on Fridays from 8:30-12:00.
- Students can call the clinic at 304-384-6355 to set up an appointment time or simply walk-in during open hours.
- The clinic will be staffed with a Physician's Assistant and a nurse to provide medical care for acute illnesses and conditions.
- To receive treatment in the clinic, all students must present:
 - a current Concord University ID
 - all current active insurance cards (can accept copies and/or pictures as long as it includes front and back of card)



Medical History

Name: _____

Student ID: _____

Date of birth: _____

Sex: ___ M ___ F ___ Other

Address: _____

Phone #: _____

Marital Status: _____

Parent/Guardian: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Family Physician: _____

Phone #: _____

Medical Insurance: _____

Policy #: _____

Are you currently under a physician's care for any medical conditions? If yes, please list condition and treatment being provided. _____

Are you currently on any medications? If yes, please list medication and reason for taking them.

Do you have any additional medical information that the campus health center needs to be aware of should you become ill while on campus? _____

Do you have any allergies to medications or food? What type of reaction have you had? Do you carry an epi-pen? _____
