

KETTERING UNIVERSITY
HEALTH AND MEDICAL HISTORY
1700 West Third Ave.
Flint, MI 48504
1-810-762-9650

*Required: Must be returned on or before first day of class.

NOTE: The following information is confidential for use of the Wellness Center. It will not be released to anyone without your knowledge or written consent. This form must be properly completed and signed before student may receive medical care at the Wellness Center.

Student ID# _____

Male _____ Female _____

Name _____
Last First Middle

Birthdate _____
Month Day Year

Address _____
Street City State Zip Code

Cell Phone () _____
Area Code

Name of Emergency Notification Person

INSURANCE INFORMATION: MANDATORY

Name of Insurance Company _____

Last name First Middle

Policy Holders Name: _____

Address _____

Policy Holders SS#: _____

Group #: _____

Phone: Home or Cell () _____
(Area Code)

* **If possible, please enclose copy of insurance card.**
* Please notify the Wellness Center if your insurance coverage changes.

Allergies to Medications: _____

Immunization History: Mandatory

Other Allergies: _____

Mon Year

* Trivalent Oral Polio (TVOP) _____

* Tetanus (within in past 10 years) _____

* MMR _____

* Hepatitis B series _____
(Recommended but not mandatory)

1. Asthma, Pneumonia, Bronchitis or Wheezing

2. Stomach/duodenal ulcer Yes No

3. Chicken Pox, Measles or Mumps

4. Do you wear contact or glasses? Yes No

5. Hospitalizations/Surgeries/Chronic Conditions

SCREENING TEST: Mandatory, within past 3 years

* TB test Date _____ Year _____

Results _____

If positive: Chest X-Ray is required:

Date: _____

Results: _____

6 Medications Taken Regularly:

(MUST HAVE BEFORE ENTERING

PLEASE SIGN BACK

Family Physician:

Last Name First Middle

Street Address City State Zip

Phone: () _____
 Area code

I hereby give my consent to be treated by the
Wellness Center. (Sign in ink)

PARENT OR GUARDIAN

I hereby give my permission for such necessary and
Emergency care to be give to my (son/daughter) at an
Approved medical facility (to be signed **in ink** by parent
or guardian for all applicants under 18 years of age.

Student Signature

Parent or Guardian

Date

Date

STUDENTS: PLEASE SIGN AND RETURN TO

**Kettering University
Wellness Center
1700 West Third Ave.
Flint, MI 48504-4898
Office: 810-762-9650
1-800-955-4464 Ext. 9650
Fax: 810-762-9929**