Health History and Authorization for Medical Treatment Form

Complete and forward to:
Lynn University Health Center
3601 North Military Trail
Boca Raton FL, 33431
Tele: 1+(561)237-7231 Fax: 1+(561)237-7116
Email: HealthCenterForms@lynn.edu

STUDENT INFORMATION (please print clearly)

Circle One: FALL / SPRING / SUMMER

Name: Lynn Student ID: Date Entering University: YEAR _____

Date of Birth: / / Sex: ❑ M ❑ F Race: ❑African-American/Black ❑Asian/Pacific Islander ❑Caucasian ❑Hispanic ❑Multiracial/Other:_____

Permanent Address:

Will the student be living on the university's campus? (circle one): YES or NO

Cell phone: Email address:

HEALTH HISTORY (please list details below or write "n/a" if not applicable)

1. Allergies (Include drug, food and environmental):
2. Current Medications (include contraceptives, supplements, and over the counter medications - include dose and frequency):

Do you currently have or have you ever been treated for any of the following:	No	Yes	If yes, list month/year	Do you currently have or have you ever been treated for any of the following:	No	Yes	If yes, list month/year
Blood diseases, including anemia, clots, strokes or varicose veins				Gastric – intestinal problems: GERD, gallbladder, ulcers, Crohn's disease, irritable bowel syndrome, liver disease			
Cancer, cysts or tumors				Heart problems, high cholesterol, or high blood pressure			
Respiratory or pulmonary problems, including asthma or bronchitis				Skin problems, including infections, eczema, or psoriasis			
Bladder/kidney or any other urinary problems				Immune disease such as lupus or rheumatoid arthritis			
Diabetes, hypoglycemia or thyroid disease				Infections, including, Tuberculosis, Malaria, Hepatitis, HIV, Rheumatic fever			
Ear, nose or throat problems, including sinusitis, ear infections, or strep throat				Muscular or skeletal problems, including arthritis, fractures, or neck and back problems			
Genital problems, including gynecological, prostate, testicular or sexual transmitted infections				Neurologic problems, including vertigo epilepsy, seizures, head injury, headaches, migraines, dizziness, passing out			
Eating disorders, anorexia, bulimia, or overeating				Psychological problems, including depression or anxiety			

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING PERSON(S): If possible, please provide a contact who resides in the United States.

Name: Relationship to student:

Address:

City: State: Zip Code: Country:

Home phone: Cell/Work phone: Email:

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the Health Center to use the above stated information for any treatment or care. All protected health information will remain private confidential to Health Center staff.

Signature of student (void unless signed):_____ Date: _____

Medical consent for minors: The above stated information is true and correct to the best of my knowledge. I hereby authorize Lynn University Health Center to employ diagnostic procedures and render any treatment or care deemed necessary to the health and well-being of my student. I grant permission for the transfer of my student to an accredited hospital or other care facility, in the event of serious disease, injury, or need for major surgery. I hereby consent to emergency treatment necessary to help preserve life or health. If the student is under age 18, it is understood that all reasonable efforts will be made to contact the parent or guardian, should an emergency occur, if deemed necessary by the medical provider(s) on staff.

Signature of parent/guardian (if student is under 18): _____ Date: _____

Modified 3/3/2017

Health Insurance Coverage Form

Complete and forward to:
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Email: HealthCenterForms@lynn.edu

STUDENT INFORMATION (please print clearly)

Student Name:

Lynn ID #:

Date of birth:

Please attach a copy of the FRONT & BACK of your health insurance card:

[FRONT]

[BACK]

This form is for Health Center record only!

Submission of this form does not fulfill the requirements for the university and the department of Student Financial Services.

Students must either enroll in or opt-out of the university's health insurance plan online.

Please refer to https://my.lynn.edu/ICS/Finances/Health_Insurance.jnz

and log-in your student account for further instructions on how to complete this process.

Modified 3/3/2017