

University Health Center

Southern Adventist University

PO Box 370 Collegedale, TN 37315

Phone: 423.236.2713

Fax: 423.236.1713

Health Information Form

***This form must be completed, signed, and returned to the University Health Center
PRIOR TO REGISTRATION.***

SAU ID #: _____ Applying For: ☐ Fall ☐ Winter ☐ Summer ☐ Other _____

Name: Last First Middle Birth Date (mm/dd/yy) Age
(Please Print)

Home Address City State Zip

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married Level: ☐ Undergrad ☐ Graduate

Your Southern Adventist University E-mail address () Home phone () Local Phone or cell

Person to be notified in case of emergency: _____
Name

Relationship () Home phone () Work phone or cell

Were you born or raised in another country? ☐ No ☐ Yes If so, where _____

Must Sign Consent to Treat: If you are 17 or younger your Parent/Legal Guardian must sign below.
If you are 18 or older sign for yourself on line below.

I, the undersigned student (or the parent or legal guardian of the above named student if under age 18) do hereby affirm that the above information is accurate and complete. I authorize, in the case of illness or injury, any diagnostic or therapeutic examination, procedure, treatment, or transportation deemed advisable by and rendered under the supervision of the University Health Center practitioner, independent health care providers, selected by faculty, officers, or agents of Southern Adventist University or selected by the undersigned. Consent is hereby granted to the University Health Center to release pertinent medical information and/or give any immunization required of Southern Adventist University students if such immunization has not been completed or documentation of completion is lacking.

I understand I am responsible for all charges incurred. I take financial responsibility for all non-covered services. I give authorization to release any and all necessary information for health insurance purposes. I understand that this information may be faxed through a non-dedicated, therefore, non-confidential, fax line.

Signature of Parent/Legal Guardian, if student is 17 or younger Print Name of Parent/Legal Guardian Date

Student Signature, if student is 18 or older Age Date