

Dear Returning International Student:

Welcome to Webster University!

At Webster University Student Health Services we believe that good health can be an important factor in educational achievement and personal success. To help us best serve you, in preparation for your admission to Webster University, all residents are required to submit a completed Student Health Packet and carry health insurance. All international students on a F-1 visa or J-1 visa, and Optional Practical Training are required to be enrolled in the Webster University Student Health Insurance Plan, with no possibility of a waiver.

To avoid any delay checking into the residence halls or apartments during move-in day, your Student Health Packet must be complete. A complete Student Health Packet consists of the following forms:

- Completed Emergency Information and Medical Release
- Student Health Insurance Wavier and Medical History

Residents who do not provide a complete Student Health Packet by the deadlines stated below will automatically 1) be charged for the Webster University Student Insurance Plan, 2) be delayed at move-in, and 3) have a hold placed on your student account, which will inhibit your ability to register for classes.

Move-In Date	Health Packet Postmarked by:
August 2008- Fall I	July 1, 2008
October 2008- Fall II	September 12, 2008
January 2009- Spring I	December 1, 2008
March 2009- Spring II	January 16, 2009
May 2009- Summer	March 13, 2009

If you are charged for insurance you will have until move-in day to complete and return the health packet. Charges CANNOT be removed after move-in day; therefore it is imperative that you return your completed health packet by the appropriate deadline.

Once we receive your health packet an email will be sent to your Webster University account with a checklist verifying completion of your packet.

Student health Services is open Monday-Friday 8:30 am-4:30pm, central time. If you have questions you may call us at (314) 968-6922 or (800) 839-0996. We look forward to seeing you soon.

Sincerely,

Student Health Services

Student Health Insurance Waiver and Medical History

(Please Print in Ink)

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Last Name First Name M.I. Cell Phone
 Male Female

Student ID Social Security Date of Birth (mm/dd/yy)

1) Are you studying on an F1 or J1 International Student Visa? **Yes** **No**

2) Was your I-20 issued by Webster University? **Yes** **No**

If YES to questions 1 & 2, complete the International Student Section ONLY.

If NO, proceed to Domestic Student Living in Campus Housing Section ONLY.

International Students

Webster University requires all students on an F1 or J1 student visa to be enrolled in the Webster University Student Health Insurance throughout their studies and OPT (Optional Practical Training) with Webster University. F1 or J1 students may not waive the Webster University Student Health Insurance and will not be granted an insurance waiver.

What is your intended graduation date? _____ Will you be using your OPT? **Yes** **No** **I have already completed my OPT.**

I understand that I am required to be enrolled in the Webster Student Health Insurance while I am on an F1 or J1 Visa or using OPT. The charge for the insurance will be placed on my student account, and I must complete the Health Forms every August as long as I am on an F1 or J1 student visa.

Student Signature

Date

Domestic Student Living in Campus Housing

I elect to enroll in the Webster University Student Health Insurance Policy (initial your answer)? **Yes** _____ **No** _____

Name and relation of primary policy holder (person your insurance is under)?

Name Relationship to student
Social security number of primary policy holder? _____

What is the name of the insurance company? _____

What is your deductible? _____ What is your co-pay for a regular office visit? _____

List a physician to be seen while in the St. Louis area. If no physician is listed, Student Health Services will use the closest available medical provider. Using a physician that is not within your insurance policy may increase your out-of-pocket expenses.

Physician Name: _____ Phone Number: () _____

I understand that each year I live in campus housing, I MUST provide a copy of both sides of my insurance card and all of my health forms to Student Health Services. Health forms and insurance card copies must be submitted by the deadlines, as outlined in the health form information letter. **Failure to submit a copy of my insurance card and health forms by the deadline, WILL result in my being charged and enrolled in the Webster University Student Health Insurance Policy without a possibility of cancellation or refund.**

Student Signature

Date

Medical History - International and Domestic Students

List any major chronic illnesses and hospitalizations including dates within the last 5 years

List ANY prescription or non-prescription (over-the-counter) medications or inhalers you are currently taking

Do you have any drug or food allergies? **Yes** **No** If Yes, list allergies _____

In the spaces below, list the age and sex of your parents and siblings. Please indicate whether they are living or deceased and illnesses they have experienced.

	AGE	SEX	Date of Death or N/A	Major Medical/Mental Illness and/or Cause of Death
Father				
Mother				
Sibling				
Sibling				

Emergency Information and Medical Release

(Please Print in Ink)

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Last Name	First Name	M.I.	Cell Phone
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Student ID	Social Security	Date of Birth (mm/dd/yy)	

Check All That Apply

- Residence Hall Resident
 Nurse Anesthesia Student
 Student Athlete
 Seen In Student Health Services By A Nurse
 Webster Village Apartment Resident
 International Student
 Returning Resident That Lived On Campus Last School Year

Emergency Contact Information (#2 is optional)

1) _____

Name	Relationship To Student	Primary Phone	Secondary Phone
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2) _____

Name	Relationship To Student	Primary Phone	Secondary Phone
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Authorization of Treatment and Medical Information Release

In the event of an emergency, I authorize Webster University to make arrangements as reasonably necessary to maintain my health and well-being. I understand the cost of medical attention and transportation are not the responsibility of Webster University, its employees, agents, representatives, teachers and/or volunteers.

I hereby consent to permit Webster University Health Services and Webster University Counseling/Life Development to:

- Facilitate and/or administer medical treatment, first aid, hospitalization, emergency psychiatric care, and physician follow-up care according to their professional judgement.
- Release/obtain personal medical records and medical insurance data about me in the event of an emergency or for the purpose of certification of injury/illness and verification of coverage. In accordance with HIPAA, this information is to be released on the condition that Webster University will not permit other parties access to the information without written consent of myself or other legally responsible party.

I have read, understand, authorize, and acknowledge the information as stated above for a period of one (1) year.

Student's Signature/Parent Guardian, if student is under 18 years old	Date
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Permission Notification (Optional)

I understand that Student Health Services will not release any information to parents, friends, or family members without written consent. I would like to authorize the person(s) listed below to receive information about any minor illness/injury without further authorization. Pregnancy, STD, or other sensitive medical conditions as defined by Student Health Services are not covered by this authorization. I understand that I may choose to remove the names listed at any time by completing and filing a new form with Student Health Services.

Name of Authorized Person To Receive Information	Relationship To Student
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Academic/Physical Accommodations and Mental Health Release of Information

The Academic Resource Center and Counseling/Life Development Offices offer students a wide variety of academic and mental health resources. Resources include: peer tutoring; testing center; writing center; special services for students with documented disabilities; psychiatric referrals; and counseling with a trained professional to identify and help overcome challenging life circumstances.

List any disability(ies) (learning, physical, psychological) and any history of psychiatric illness (depression, eating disorders, stress disorders) you have been diagnosed with:

By signing, I authorize Student Health Services to notify The Academic Resource Center and Counseling/Life Development of my diagnosis. I understand it is my responsibility to register to receive services.

Student's Signature/Parent Guardian, if student is under 18 years old	Date
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