

Monmouth College OSF Student Health Center Registration Form
please have Monmouth College student photo Id available

Last name _____

First name: _____

Date of Birth: _____

Social Security Number: _____

State of Birth (if you are an international student what is your country of Birth): _____

Race/ethnicity: _____

Religious Preference/place of worship: _____

Cell Phone Number: _____

Home address: _____

City: _____

State: _____

Zip code: _____

Do you live on campus? _____

NO

Yes (please provide name and address of Dorm): _____

Monmouth College Email address: _____

Emergency contact-

Name: _____

Relationship: _____

Phone number: _____

Covid Questions:

Have you been around anyone with Covid in last 10 days? _____

Have you had a Covid test in last 10 days? Was is positive or negative? _____

Have you traveled internationally in the last month? _____

Brief explanation for today's medical visit:
