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W Y O M I N G

Student Health and Emergency Treatment Form

This form is required for final admission to NWC.

Name of Student _____

If yes, please explain. _____

YES NO Do you routinely take any medication? *If yes, please list.* _____

YES NO Do you have any drug allergies? *If yes, please list any drugs you are allergic to.* _____

IF YOU WERE BORN AFTER 1956, YOU MUST SHOW PROOF OF IMMUNITY TO MEASLES/MUMPS/RUBELLA (MMR) TO ATTEND NWC.

You can provide proof of immunity in one of the following ways:

1. A copy of your immunization records from
 - a. your physician or health care provider.
 - b. your verified records from your high school.
2. A letter from your physician or health care provider indicating the dates that you were inoculated for MMR. The provider's signature, address, and office phone number must be part of the letter.

Person to be Notified in Case of Emergency _____

Relationship to Student _____ Address _____
