



MILLIKIN UNIVERSITY

®

MILLIKIN DMH HEALTH CLINIC

1184 West Main Street
Decatur, Illinois 62522

☎ 217.424.6360
📠 217.422.5542
www.millikin.edu

HEALTH SERVICE REPORT

A completed Millikin Health Report is required on every student. This record includes consent for treatment, a medical history, and your immunization record. This information is required by the Illinois College Student Immunization Act 110 ILCS20, and must be submitted prior to starting classes. A healthcare professional must sign the immunization record, and it must contain the dates of immunization. Here are some helpful hints for locating your immunization record:

The High School from which you graduated (All Illinois High Schools mandate compliance)
Personal Physician
Public or County Health Department
Human Resource Department of Employer

Mail Completed Form To:
Millikin-DMH Health Clinic
1184 West Main Street
Decatur, IL 62522

Date Report Due: For Fall Semester enrollment, form must be received by July 15
For Spring Semester enrollment, form must be received by January 5

GENERAL INFORMATION				Type of Student:		
Have you attended Millikin previously?		If yes, when?		Undergraduate	Graduate	PACE
Student Name: (Please Print)	Last	First	MI	Year Entering: _____		
				Semester: Summer Fall Spring		
Student Permanent Mailing Address:	Street Address:		Apt:	Millikin ID #:		
City:	State:	Zip Code:		Date of Birth:	Gender:	
Student Email Address:				Home Phone #:		Student Cell #:

EMERGENCY CONTACT		
Name:		Relationship:
Home Phone #:	Work #:	Cell #:

STATEMENT OF AUTHORIZATION	
I authorize Millikin Health Services to administer medical and surgical services (including immunizations and allergy injections), to perform emergency procedures, and/or defer treatment to a local physician or hospital if deemed necessary.	
Signature of Student	Date
Signature of Parent/Guardian (if Student is under 18)	Date

*If a student is noncompliant, they will be unable to register for the subsequent semester.

INSURANCE DATA

Health Insurance: Millikin University does not have a student health insurance policy. You are responsible for your own health insurance plan. We suggest you carry a copy of your insurance card. For your convenience, charges for services performed at the Health Clinic will be billed to your health insurance plan. The uncovered portion of the charges will be billed to you at your home address on file. If you do not have health insurance, charges will be directly billed to you at your home address on file. Payment for medications dispensed at the Health Clinic are due at the time of your visit. We accept cash, check, Visa, Mastercard and Discover.

I carry hospitalization and/or sickness and accident insurance Yes No

Name of Insurance Company: _____ Phone #: () _____

Address: _____ Group/Policy #: _____

Name of Subscriber: _____ Relationship to Student: _____

Subscriber Date of Birth: ____ / ____ / ____ ID #: _____

Check with your Insurance Company on the following:

Prescription Coverage:

Are you covered under a prescription program? Yes No

Does it specify a pharmacy? If yes, please list. _____

Preferred Local Hospital: Decatur Memorial Hospital St. Mary's Hospital None

Occasionally you may need to receive medical treatment at a local walk-in clinic. We recommend DMH Express Care. Does your insurance provide coverage there? Yes No

PERSONAL MEDICAL HISTORY

The information that you provide in this section is kept confidential in the University Health Clinic and used by our medical staff to provide appropriate medical evaluation and treatment. (en-US)MC6D 82 >>BDC TA15(vpria



Surgeries? List type of surgery and date of surgery. _____

Have you had any illness, injury or hospitalization other than those previously noted? If yes, please give details.

Have you received treatment or counseling for depression, nervous condition, personality disorder, emotional problems, substance abuse or eating disorder? If yes, please give details.

Dos, sub_____MCID [æksion,n2 TD(6ediczatio or)20.1ouatiel(y)70s, icludtingeprecipition,over ter couotry an/yorthebald? If yes, and iagnosils.

CERTIFICATE OF IMMUNITY (to be completed by a Health Care Provider):

In accordance with Illinois College Student Immunization Act 11TLC 20, Millikin University requires verification of immunity for Diphtheria/Tetanus, Measles, Mumps, and Rubella. Exact dates are required for all immunizations, date of disease and/or serological test results. If serology titer indicates lack of immunity, vaccines must be administered. Immunizations administered prior to the first birthday are invalid.

- Exemptions:
- (1) Age; persons born before January 1, 1957 do not need to submit a Certificate of Immunity
 - (2) Medical Contraindications: submit detailed documentation from a physician
 - (3) Religious Exemption: call our office to request a form or print the form from our website at millikin.edu/wellness.

Student Name: _____ Date of Birth: ____ / ____ / ____
Last First M

Student ID #: _____

MMR (Measles, Mumps, Rubella) _____
Two doses required, at least one month apart, after 12 months of age AND after 5 1 71 #1 ____ / ____ / ____ #2 ____ / ____ / ____

IF MMR WAS NOT GIVEN, INDIVIDUAL IMMUNIZATIONS SHOULD BE LISTED

