NORTHWESTERN STATE UNIVERSITY OF LOUISIANA **International Student Resource Center INTERNATIONAL STUDENT HEALTH RECORD**

Please complete all the following information and return to <u>international@nsula.edu</u>:

1. Name:					
Last		First	Middle		
Sex (Circle one): 🗆 M		Date of Birth:	month	day	Vear
Permanent Address:			month	uay	year
	Street Address	City	State	Zip Code	Country
2. Notify in case of eme	rgency:				
Name:			Relationshi	p:	
Phone Number:		Address: _			
3. Indicate any serious o	diseases, illnesses, inju	uries, or operations	you have had:		
4. Have you had any could be for the name of the nam					es 🗆 No
5. Are you currently tak If yes, please give the na					
6. Please list al allergies	:				
7. Please give date of la	st Tetanus-Diphtheria	booster, if known			
8. NSU Health Insuranc coverage. Students on I premium is added to th	F-1 visas are automati	ically enrolled in th	e Student Health	Insurance Plan a	
All Exchange Internatio Student Health Insuran by NSU who do not pro Health Insurance Plan a	ce Plan contracted by vide proof of coverage	NSU or through ar by the start of the	nother individual o semester, will be	or family plan. S automatically e	ponsored J-1 students
Insured Students who a	re enrolled in the Stu	dent Health Insurar	nce Plan may also	enroll their eligi	ble dependents.
9. Medical Consent: I he to render emergency tr I also grant permission f	eatment or other med	dical care that migh	t be deemed nece	ssary to my hea	olth and well-being.

Date _____ Signature _____

A member of the University of Louisiana System nsula.edu j@nsula j Facebook.com/NorthwesternState