



# REGIS

CENTER FOR HEALTH  
AND WELLNESS

## HEALTH FORMS INSTRUCTIONS AND CHECKLIST

### DUE DATES:

- **July 15<sup>th</sup> for fall enrollment**  
→ **January 5<sup>th</sup> for spring enrollment**

✓	FORMS	INSTRUCTIONS: Please write your name, date of birth and date in the upper right corner of each page of the Health Forms.
	<b>Form 1: Student Demographic &amp; Emergency Contacts &amp; Emergency Consents &amp; Health Insurance</b>	<p>A. <b>Student Information</b></p> <p>B. <b>Emergency Contact</b></p> <p>C. <b>Primary Language Spoken at Home and Interpreter Needs</b></p> <p>D. <b>Emergency Consents:</b></p> <ol style="list-style-type: none"> <li>1. <b>If you (the student) are under 18 years of age, prior to your arrival on campus,</b> your parent/guardian must sign this section.</li> </ol> <p>E. <b>Health Insurance:</b> Here are some key terms that you'll come across when filling out health insurance forms:</p> <ol style="list-style-type: none"> <li>1. <b>Subscriber:</b> The subscriber is the person who is the main policyholder or who holds the health insurance plan. If your parents are covering you on their insurance, your parent is the subscriber. If you're getting insurance through your own job, school, or MassHealth, then you would be listed as the subscriber.</li> <li>2. <b>Member ID Number:</b> This is the unique number assigned to your insurance plan. You will need this to confirm coverage and file claims.</li> <li>3. <b>Group Name &amp; Number:</b> This name and number identify the specific health insurance plan provided by the employer or organization to its members. It helps insurance companies quickly locate the details of the plan for claims processing, benefits, and coverage verification. Your insurance card may or may not list this information.</li> <li>4. In addition, please upload <b>front and back images of your health insurance card.</b></li> <li>5. <b>Student Health Insurance Plan:</b> If you intend to enroll in the Regis College Student Health Insurance Plan, please indicate this on Form 1 in the Health Insurance section. For questions about the Regis College Student Health Insurance, please call the <a href="#">Center for Student Services</a> at 781.768.7270.</li> </ol>
	<b>Form 2: Health History</b>	<p>A. <b>Medical Condition/Chronic Illness/Allergies:</b> If you have indicated that you have a medical condition, chronic illness or a concerning allergy, we encourage you to contact the Regis Center for Health and Wellness at: 781-768-7290 to schedule a free consultation with one of our clinicians to discuss how they may be of assistance to you.</p>
	<b>Form 3: Immunizations</b>	<p>A. <b>Immunizations:</b> Your clinician does not have to complete the Regis Immunizations Form if you can upload an official medical record of your immunizations. This record must include the following:</p> <ol style="list-style-type: none"> <li>1. Hepatitis B</li> <li>2. Meningococcal Vaccination or Waiver Forms</li> <li>3. MMR (Measles [Rubeola], Mumps, Rubella):</li> <li>4. Tdap (Tetanus, Diphtheria, Pertussis):</li> <li>5. Varicella (Chicken Pox):</li> </ol>
	<b>Form 4: TB Questionnaire &amp; Testing Forms</b>	<p>A. <b>TB Questionnaire:</b> Please refer to detailed instructions on the TB Questionnaire.</p>
<p>If you have any questions or concerns, please do not hesitate to contact the Regis College Center for Health and Wellness at 781-768-7290 or by email at <a href="mailto:healthcompliance@regiscollege.edu">healthcompliance@regiscollege.edu</a></p>		