

Muhlenberg College Health Center  
Allentown, PA 18104

Checklist for the Completion of Medical Forms

**ALL FORMS MUST BE RETURNED**  
**TO THE HEALTH CENTER**  
**BY JUNE 25, 2007**

- \_\_\_\_\_ **Report of Medical History completed and signed by  
Healthcare Provider**
- \_\_\_\_\_ **Allergies listed (medication, environmental, and food)**
- \_\_\_\_\_ **Tuberculin Skin Testing completed**
- \_\_\_\_\_ **Immunizations completed (including Meningitis Vaccine)**
- \_\_\_\_\_ **Consent for Treatment signed by both parent and student**
- \_\_\_\_\_ **Insurance Information completed**
- \_\_\_\_\_ **Copies of Health Insurance and Prescription Drug Cards  
enclosed (front & back of cards, please).**
- \_\_\_\_\_ **Participation Physical Evaluation Form completed for  
Athletes (yellow form) - this is required in addition to the  
Report of Medical History if you are planning to participate in  
any athletic program.**
- \_\_\_\_\_ **Statement of Informed Risks-Intramural/Recreational  
Activities Waiver (blue form) - this is required if you are  
planning to participate in intramural/recreational activities.**
- \_\_\_\_\_ **Acknowledgement & Consent Form; Patient  
Communication Form (green form, double-sided)**