



PIERCE COLLEGE
STUDENT HEALTH CENTER

GENERAL INFORMATION

Date: _____ **Student ID #:** _____

Name: (Please Print) _____ **Birth Date:** _____

Address: _____

Telephone (home) _____ **(cell)** _____

Is it permissible for the Health Center to contact you at the address/number listed above?

If not: where may we contact you? _____

Living arrangements: Who do you live with? _____

Health Insurance? [] Yes [] No _____

In case of an emergency, please notify: _____

Address: _____

Telephone: _____

Dr.'s Name: _____

City: _____ **Telephone:** _____