Undergraduate Health Forms Due by July 1st Upload All Records and Insurance Card to the Patient Portal

Student Name _____ DOB _____
LastName First Name

Student Name_____ DOB_____ Date of Exam_____
LastName First Name MM/DD/YYYY MM/DD/YYYY

Bryn Mawr College Health Center Tuberculosis Screening Questionnaire

Note: this form must be signed by a healthcare provider.

Tuberculosis screening questionnaire must be completed by all students within the past 12 months.

Student MUST upload this completed form online via the Patient Portal (https://brynmawr.medicatconnect.com/login.aspx)

Screening Questionnaire

Bryn Mawr College
Health and Wellness Center Medical Services
Consent for Treatment

I hereby consent for Bryn Mawr College Health and Wellness Center Medical Services ("BMC Medical Services"), and its affiliated medical providers, nurses, and/or allied health professional students employed or participating in a clinical rotation, to provide medical services to me. I am authoring BMC Medical Services to treat me during my relationship with the College as an enrolled student unless and until I withdraw my consent in writing. I acknowledge that I am responsible for all charges incurred in connection with the medical care and services provided and I also understand that I am financially responsible for all charges incurred for any and all services that I receive from other providers outside of BMC Medical Services, even if BMC Medical Services recommends those other services or recommends those other services or refers me to such other providers. I approve the release of medical diagnostic information to my insurance company for payment purposes. I hereby certify that I have read fully the above authorization and by my signature below I consent to the above and further understand that no assurance or guarantee has been or will be made regarding the results of any medical services provided by BMC Medical Services, including but not limited to the provision of medical treatment or evaluation. In addition, I acknowledge that I have reviewed Bryn Mawr College's Medical Service Notice of Privacy Practices document.

_____ _____

Student's Signature (18 years of age or older) Date

_____ _____

Parents' Signatures (if student is 18 years of age or younger) Date