



Student Housing Medical Information

On occasion, a resident may need medical treatment or admission to the hospital. The following information greatly expedites the check-in procedure at the hospital.

Please indicate which campus you reside:

Ellsworth Community College

1100 College Avenue
Iowa Falls, Iowa 50126
Phone: 641-648-4611
Toll Free: 800-322-9235
Fax: 641-648-3128

Marshalltown Community College

3700 South Center Street
Marshalltown, Iowa 50158
Phone: 641-752-7106
Toll Free: 866-622-4748
Fax: 641-752-8149

RESIDENT INFORMATION:

Name _____ Social Security #: X X X -- X X -- _ _ _ _

Street Address _____

City _____ State _____ Zip Code _____

Home Doctor _____ Phone _ _ _ - _ _ _ - _ _ _ _

Insurance Company _____

Policy Holder _____ Insurance Numbers _____

Have you ever been immunized with the meningococcal (meningitis) vaccine? yes no

List any special medical conditions, allergies, or instructions that should be communicated in case of an emergency:

IN EMERGENCY NOTIFY:

Parent/Guardian _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

The undersigned has reviewed the forgoing information and confirms that the same is true and correct. The undersigned agrees to advise the Student Housing Director as necessary from time to time of any changes in such information and consents that any of such information can be disclosed by the Housing Office whenever the director deems it necessary or advisable to do so in order to provide for appropriate medical care for the undersigned.

Signature of Resident _____ Date _____