



St. Elizabeth

SCHOOL OF NURSING

Division of Franciscan Health

Request for Medical Information

Complete and return this form to the address below.

Date:		Student ID Number or SS#:	
Last Name :	First Name:	Middle Initial:	Maiden Name:
Please List All Last Names that you may have used on records: NA			
Street Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:	E-mail Address:
Is this Street Address New: <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Date:	
Did your Graduate from St. Elizabeth: <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES , Month and Year: If NO , Dates of Attendance: to ID Month & Year only	

I request [1] the following medical information [2] be sent to the person, at the address below:

1. Information from your health file that you wish to be sent:

- | | | |
|---|---|--|
| <input type="checkbox"/> Self-report of medical history | <input type="checkbox"/> Physician's exam report | <input type="checkbox"/> Other-specify |
| <input type="checkbox"/> Immunization records (all) | <input type="checkbox"/> Current | <input type="checkbox"/> Current TB Test |
| <input type="checkbox"/> MMR titers | <input type="checkbox"/> Hepatitis B Antibody titer | <input type="checkbox"/> Varicella Titer |

2. Because this information is confidential, it must be sent to a specific person. Please Note: because this is confidential information, the School WILL NOT FAX ANY PART OF YOUR HEALTH RECORD TO A THIRD PARTY. Please identify to whom the above information is to be mailed:

Copy 1

Copy 2

Name:	Name:
Hospital or Receiving Agency:	Hospital or Receiving Agency:
Address:	Address:
City, State, Zip:	City, State, Zip:

For additional copies, please attach additional page(s) with name and address to which copies are to be sent.

Requestor Written Name	Date
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Send this Request form electronically to:
Mail This Request Form to:

Kimbra.weesner@franciscanalliance.org
Health Officer
St. Elizabeth School of Nursing
1501 Hartford Street
Lafayette IN 47904-9988

Office Use Only: Date Rec: _____ Date Sent: _____ By: _____ Copy to File
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