

BRYN ATHYN COLLEGE

Student Health Insurance Plans

The form must be submitted by **August 1**.

We require all full-time students to be covered by health insurance. Our Health Center will not accept medical insurance policies issued in a foreign country or from a company outside the United States.

Health Insurance Plan

Please select the one statement that applies to you and provide all requested information in that section:

- I am a US citizen or permanent resident. I have health insurance. I have enclosed a copy of my insurance card (both front and back).

Policy Holder's Name: _____ Birth Date: ____/____/____
MONTH DAY YEAR

Name of Insurance Carrier: _____ Group No.: _____ I.D. No.: _____

Insurance Company Address: _____
STREET/P.O. BOX APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY Phone: () _____

- I am a US citizen or permanent resident. I do not have health insurance. Please enroll me in the college-sponsored plan.


- I am an international student — please enroll me in the college-sponsored insurance plan.

International students must be enrolled in the college-sponsored plan. The cost is automatically charged to your account and is non-refundable. No substitute policies accepted.

Citizen of what country? _____ Birth Date: ____/____/____
MONTH DAY YEAR

Thank you very much for returning this form to us by August 1st. Failure to do so will result in automatic enrollment in Bryn Athyn College Health Insurance Plan.

Doering Health Clinic
PO Box #710
Bryn Athyn, PA. 19009
267-502-4582- phone
267-502-2592- fax

Continue 

Tuberculosis (TB) Screening Questionnaire

The form must be submitted by **August 1**.

Student Name: _____ Date: _____

Bryn Athyn College asks that you answer the following questions in order to screen for Tuberculosis (TB). Using the enclosed envelope, please return this questionnaire to The Doering Clinic immediately upon the receipt and completion of this form. You will be contacted if further assessment is needed.

	YES	NO
Have you ever had a positive TB skin test?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had close contact with anyone who was sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>
Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? *(If yes, please CIRCLE the country)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever traveled**to/in or will you be traveling to one or more of the countries listed below? (If yes, please CHECK the country/countries)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been vaccinated with BCG?	<input type="checkbox"/>	<input type="checkbox"/>

*future CDC updates may eliminate the 5 year time frame

**The significance of the travel exposure should be discussed with a health care provider and evaluated

- | | | | | |
|--------------------|-------------------|------------------|--------------------|-------------------------|
| Afghanistan | Congo | Kenya | New Caledonia | Sri Lanka |
| Algeria | Congo DR | Kiribati | Nicaragua | Sudan |
| Angola | Cote d'Ivoire | Korea DPR | Niger | Suriname |
| Anguilla | Croatia | Korea-Republic | Nigeria | Syrian Arab Rep. |
| Argentina | Djibouti | Kuwait | Niue | Swaziland |
| Armenia | Dominican Rep | Kyrgyzstan | N. Mariana Islands | Tajikistan |
| Azerbaijan | Ecuador | Lao PDR | Pakistan | Tanzania-UR |
| Bahamas | Egypt | Latvia | Palau | Thailand |
| Bahrain | El Salvador | Lesotho | Panama | Timor-Leste |
| Bangladesh | Equatorial Guinea | Liberia | Papua New Guinea | Togo |
| Belarus | Eritrea | Lithuania | Paraguay | Tokelau |
| Belice | Estonia | Macedonia | Peru | Tonga |
| Benin | Etiopia | TFYR | Phillippines | Tunisia |
| Bhutan | Fiji | Madagascar | Poland | Turkey |
| Bolivia | French Polynesia | Malawi | Portugal | Turkmenistan |
| Bosnia & | Gabon | Malaysia | Qatar | Tuvalu |
| Herzegovina | Gambia | Maldives | Romania | Uganda |
| Botswana | Georgia | Mali | Russian Federation | Ukraine |
| Brazil | Ghana | Marshall Islands | Rwanda | United Arab |
| Brunei | Guam | Mauritania | St Vincent & | Emirates |
| Darussalam | Guatemala | Mauritius | The Grenadines | United Kingdom |
| Bulgaria | Guinea | Mexico | Sao Tome & | Uruguay |
| Burkina Faso | Guinea-Bissau | Micronesia | Principe | Uzbekistan |
| Burundi | Guyana | Moldova-Rep | Saudi Arabia | Vanuatu |
| Cambodia | Haiti | Mongolia | Senegal | Venezuela |
| Cameroon | Honduras | Montenegro | Seychelles | Viet Nam |
| Cape Verde | India | Morocco | Sierra Leone | Wallis & Futura Islands |
| Central Africa Rep | Indonesia | Mozambique | Singapore | W. Bank & Gaza Strip |
| Chad | Iran | Myanmar | Solomon Islands | Yemen |
| China | Iraq | Namibia | Somalia | Zambia |
| Colombia | Japan | Nauru | South Africa | Zimbabwe |
| Comoros | Kazakhstan | Nepal | | |