

# Campus Health Services Registration Form

Last name:		First Name:	Preferred Name:
Legal Gender on Health card: <input type="checkbox"/> M <input type="checkbox"/> F		Preferred Gender Identity:	Preferred Gender Pronouns:
Address (During College Year)		Apartment/Room #:	
City:	Postal Code:	Phone Number:	
Email Address:		DOB:(Year/Month/Day)	
Health Card or Guard Me #:		Version Code:	Expiry Date:
Student Number:		Program:	
Have you previously had a chart within Health Services at Sheridan College? Yes / No If so, what year?			

**Allergies** (Please indicate if these are life threatening):

**Medications:**

**Surgeries:**

**Medical Conditions/Concerns:**

**Any additional information:**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated July 2021

Freedom of Information and Protection Privacy Act 1987. The information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, C272, SS; Regulated Health Professions Act, 1991, S. 36(1) for use by Health Centre Staff. This information is used for administrative purposes. For further information, please contact HR, Freedom of Information Officer, Human Resources, Sheridan College, 1430 Trafalgar Road, Oakville, L6H 2L1, 905-845-9430 ext. 2163