

NORTON MEDICAL CENTER  
MEDICAL REGISTRATION FORM

Norton Medical Center (NMC) is Wheaton's designated health clinic, a privately owned and operated neighborhood facility located on campus.

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
S.S. # \_\_\_\_\_ DOB: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

For NMC Office Use Only: Wheaton Box # _____
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Father's/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

The information you provide below does not constitute a waiver of enrollment in the student health insurance plan available through Wheaton College. If your current insurance company is based in the U.S. and your current plan provides comparable coverage to the plan available through the college (see enclosed checklist), you may waive enrollment (ONLINE only at [gallagherkoster.com/students/](http://gallagherkoster.com/students/)) in the health insurance plan available through Wheaton. More information regarding the cost of the health insurance plan, as well as how and when to waive enrollment in the plan, can be found at [www.wheatoncollege.edu/admin/sfs/](http://www.wheatoncollege.edu/admin/sfs/).

**PLEASE NOTE: If you do *not* wish to enroll in the health insurance plan available through Wheaton, you must complete a waiver ONLINE at [gallagherkoster.com](http://gallagherkoster.com).**

**All international students are required to purchase and will be automatically enrolled in the health insurance plan offered through Wheaton College.**

Your Primary Health Insurance: Wheaton  Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance: Wheaton  Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_

- Please attach a copy of your insurance card if you are not enrolling in the health insurance plan available through Wheaton College.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_