



USIS – HLC ENROLLMENT FORM

PHONE: (321) 549-2273 FAX: (321) 549-2066

1300 Florida Avenue, Rockledge, Florida 32955

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

EMAIL _____

CELL / HOME PHONE _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

DATE OF BIRTH ____/____/____ SEX _____

EMPLOYER _____

COUNTRY OF BIRTH _____

CITY/TOWN/VILLAGE OF BIRTH _____

ALLIEN REGISTRATION NUMBER _____
(A-Number) (if any)

APPLICANT'S IDENTIFICATION INFORMATION:

FORM OF IDENTIFICATION _____
(for example passport, driver license, please provide a copy)

USIS ONLINE ACCOUNT _____
(if any)

DOC. IDENTIFICATION NUMBER _____

INTERPRETER INFORMATION

DO YOU SPEAK ENGLISH? YES NO → IF "YES" SKIP THIS SECTION

INTERPRETER'S FULL NAME:

INTERPRETER'S ADDRESS:

LAST NAME: _____

ADDRESS _____

FIRST NAME _____

CITY _____ STATE _____ ZIP _____

INTERPRETER'S BUSSINESS or ORGANIZATION:
(if any)

CELL / HOME PHONE _____

EMAIL _____

MEDICAL INFORMATION

DO YOU HAVE OR YOU EVER HAD THE FOLLOWING CONDITIONS?

VARICELLA or CHICKENPOX during childhood YES NO

TUBERCULOSIS YES NO

SYPHILIS OR GHONORRHEA YES NO

MENTAL ILLNESS YES NO

SUBSTANCE ABUSE / ADDICTION YES NO

OTHER _____

IMMUNIZATIONS

PLEASE PROVIDE COPY OF YOUR IMMUNIZATIONS