

ENTRANCE HEALTH RECORD

Demographics

Immunization Records

Immunization Regulations

Personal Medical History

Physical Exam

DIRECTIONS: PLEASE CAREFULLY READ AND COMPLETE THE ENTIRE FORM. Students must complete the demographics and personal medical history portions. The physician must complete the Immunizations and physical exam portion. Signed Immunization records from your physician, the state, high school, or previous college/university are accepted and may be attached to the packet if available. THE ENTRANCE HEALTH RECORD MUST BE COMPLETED AND RETURNED ONLY TO THE OFFICE OF HEALTH SERVICES. INCOMPLETE FORMS ARE NOT ACCEPTABLE!

Students who fail to comply, WILL NOT be able to register for a second semester.

THIS RECORD MUST BE FULLY COMPLETED AND RETURNED PRIOR TO CHECK-IN(for residents) AND PRIOR TO THE START OF THE SEMESTER (for commuters).

Records must be submitted ONLY to The Office of Health Services through mail, email, or fax.

All medical and immunization information is kept confidential and will not be released without the student's written authorization. However, in the event of medical emergency only vital information will be released.

The Office of Health Services

1st Fl. Saint Peter Hall

p: 201-761-7445

f: 201-761-7447

e: healthservices@saintpeters.edu

-----**DEMOGRAPHICS**-----

Status: Undergraduate Graduate Transfer: Yes No

Starting Semester: Fall Spring Academic Year: _____

Housing Status: Resident Commuter

Name: _____
 Last First MI Maiden/Former

ID or S.S.: _____ Date of Birth: ____/____/____ Sex: _____

Address: _____
 Street Address City State Zip

Phone: _____
 Home Work Cell

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone: _____
 Home Work Cell

Name: _____ Relationship: _____

Phone: _____
 Home Work Cell

HEALTH /HOSPITALIZATION INFORMATION:

Do you have health insurance? ____Yes ____No If yes, please indicate the following:

Insurance Company _____ Name of Insured _____

Policy # _____

MEDICAL CONSENT AND RELEASE:

Permission is hereby given to perform routine health examinations, provide preventative measures, medical treatment, first aid, and referrals at Saint Peter's University Office of Health Services. I also consent to the release of my medical records to the appropriate health care providers in the event of an emergency.

Signature _____ Date _____

Signature _____ Date _____

Parent/Guardian Signature required if student is under 18 years of age.

————— **REQUIRED IMMUNIZATIONS** —————

TO BE COMPLETED BY PHYSICIAN

(SEE IMMUNIZATION REGULATIONS FOR MORE INFORMATION)

Proof of Immunizations Consist of One of the Following:

- 1. Certificate of Immunization Signed and Stamped by Physician**
- 2. Signed Record from School, University, or Public Health Immunization Office.**
- 3. Lab Work (Titer) Showing Immunity.**

MENINGITIS A REQUIREMENTS:

Saint Peter's University

Office of Health Services

Entrance Health Record

IMMUNIZATION REGULATIONS, REQUIREMENTS & EXEMPTIONS

PLEASE READ CAREFULLY!

Measles, Mumps, Rubella Regulations

