



**University
Health
Services**

Medical Information Form for Incoming Students

To be completed by the student

Forms may be returned to:
University Health Services
McCosh Health Center
Washington Road
Princeton, NJ 08544-1004
Fax (609) 258-1355
Questions? (609) 258-3141

Facsimiles not accepted.
Mail original only.

Please print or type

Deadline: June 30, 2008

Student instructions *(For more details see page 4)*

The student completes pages 1 and 2 and name and affiliation at the top of page 3. Do not separate the pages of this form. The student's physician or nurse completes page 2 and 3, provides any necessary supporting documentation, and signs at the end of their section of the form. Please be sure to read each section carefully, sign the bottom, and attach documentation as requested. **Incomplete forms cannot be accepted**, so be sure to double-check each section for compliance, completion, and signature(s). **A \$100 fee may be assessed for noncompliance and/or incomplete records. We will contact you if we haven't received your form.**

Student Information *(please print)*

Student's name <i>(last, first, middle initial)</i>	Nickname	
Date of birth	Gender	SS #

Princeton University students affiliation *(check one)*

- | | |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="radio"/> Undergraduate, Class of '12 | <input type="radio"/> Spouse or dependent of undergraduate |
| <input type="radio"/> Exchange student, class year ' _____ | <input type="radio"/> Spouse or dependent of graduate student |
| <input type="radio"/> Graduate student, Department _____ | <input type="radio"/> Other |

Home address	Parent/guardian home phone	
	Parent/guardian work phone	
Emergency contact <i>(address, if different)</i>	Relationship	Home phone
		Work phone

Permission for medical care of minors *(A parent's or guardian's signature is required)*

For students under the age of 18 at the time of matriculation by 9/1/08: I hereby give permission to the medical and psychological staff of University Health Services (UHS) to examine and treat my son or daughter for all medical problems and injuries that may occur while he or she is at school. Furthermore, in the event that time will not allow that I be reached, or that I cannot be reached, I hereby give permission for UHS clinicians to secure the necessary consultative care for my child, which may include hospitalization, anesthesia, surgery, and/or other indicated treatment.

Signature of parent or guardian	Date
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I have followed the instructions and have had a physician or a nurse fill out and sign my immunization history on page 3 of this medical information form or I have provided an immunization record that meets the requirements.

Student signature	Date
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For Office Use Only: Date Received _____ Complete _____ Incomplete Letter Sent _____
 Allergy Sports PX Diabetic
 Parental Permission Student Signature

Do Not Tear

Medical conditions

Allergic reactions to medications. *Please list:*

Severe food or insect allergies. *Please list:*

Regularly taken medication(s). *Please list:*

Condition(s) for which you take these medicines:

Medical condition(s) requiring ongoing care. *Please list: (include letter from M.D.)*

Past surgeries and/or hospitalizations. *Please list year and condition:*

Require allergy shots to be continued at Princeton. Yes No *We will send you the necessary forms to be completed by your allergist if you are unable to print forms from the following web address: <http://www.princeton.edu/uhs/pdfs/AllergyShotForm.pdf>*

Mental health conditions

Regularly taken medication(s) for psychological reasons (past or present). *Please list and date:*

Psychological condition(s) requiring past or ongoing care. *Please list and date:*

Physical exam *Required (Within the past year)*

For Princeton University Undergraduate Students only. *Clinician must complete the following section*

- Physical exam performed; no medical concerns. The student can participate in recreational, intramural and intercollegiate sports (including contact sports).
- Physical exam performed; medical concerns identified. *(Letter of explanation/description required and attached)*

Clinician signature

Date

Student signature *(Required below)*

- I am aware of the information provided by my Clinician completing this form regarding medical concerns and participation in sports.

Student signature

Date

Recruited varsity athletes

Recruited varsity athletes must provide their medical history to the athletic medicine department. Athletes should look for a mailing from their coach that details the required documentation and specifies the physical exam schedules for their team.

Walk-on athletes should visit www.princeton.edu/uhs/ss_m_athletic.html for physical exam schedules with dates and times. The web site also has the athletic health forms that athletes must print, fill out, and bring to the physical exam. All athletes are seen by a Princeton University team physician prior to their first team practice.

Name

Affiliation (i.e. '12, Grad)

Required Vaccines

Hepatitis B

○ Hepatitis B or ○ Twinrix If the series is not completed prior to mailing the form, please provide dates as series is completed.

Date 1st dose (mo / day / yr) or Titer Results (include copy of lab):
Date 2nd dose (/ /) Hep B Surf Antibody
Date 3rd dose (/ /) Hep B Antigen
Date 4th dose (/ /) Hep B Core

MMR #1

(Age 12 months or older) (mo / day / yr) or Measles #1 (/ /) or Positive Titer results after
Mumps #1 (/ /) 5/1/2007 (include copy of lab)
Rubella #1 (/ /)

MMR #2

(Minimum of 30 days after #1) (mo / day / yr) or Measles #2 (/ /) or Positive Titer results after
Mumps #2 (/ /) 5/1/2007 (include copy of lab)
Rubella #2 (/ /)

Meningitis Vaccine

(In the last 5 years) (mo / day / yr) ○ Menactra (preferred) ○ Menomune ○ Menjugate

Tetanus Diphtheria

Primary Series completed (mo / day / yr)
Booster in the last five years (/ /) ○ Tdap (preferred) or ○ Td

Tuberculin Test (PPD or Mantoux) after 5/1/07. All positive results require a chest X-ray after 5/1/07.

PPD (/ /) (Result in mm) _____ If greater or equal to 10 mm, a chest x-ray is required (include typed report—Do not send films)
Past Positive Date (/ /) INH Rx Began (/ /) Completed (/ /) Hx BCG (/ /)

Recommended Vaccine

Varicella #1 (mo / day / yr) or Hx Disease (/ /) or Positive Titer result (include copy of lab)
Varicella #2 (/ /)

Other Vaccines Please document dates if you have received these vaccines.

Hepatitis A #1 (mo / day / yr) Rabies #1 (/ /) ○ IM or ○ ID
Hepatitis A #2 (/ /) Rabies #2 (/ /)
Hepatitis A #3 (/ /) Rabies #3 (/ /)
Rabies #4 (/ /)
Rabies #5 (/ /)

HPV #1 (/ /) JE #1 (/ /)
HPV #2 (/ /) JE #2 (/ /)
HPV #3 (/ /) JE #3 (/ /)

Pneumococcal #1 (/ /) Polio series completed (/ /) ○ Oral or ○ Injectable
Pneumococcal #2 (/ /) Polio after age 18 (/ /)
Typhoid (/ /) ○ Oral or ○ Injectable
Yellow Fever (/ /)

Clinician signature

Phone Number

Please do not send until immunizations are completed—including Tuberculin Test Reading



Deadline: June 30, 2008

Student instructions

- The student is responsible for ensuring that the physician or nurse completes all information.
- Please do not send until immunizations are completed—including Tuberculin Test Reading.
- Do not separate the pages of this form.
- You may receive a \$100 fine after August 30 if your record is incomplete. We suggest that you make a copy of your medical information form for your own personal records.
- If further assistance is needed, please contact UHS at (609) 258-3141 between 9:00 a.m. and 4:00 p.m., Monday through Friday.

Physician or Nurse instructions

- Please complete physical exam section on page 2 and sign and date.
- Please carefully fill out the immunization section on page 3 and sign and date on the bottom of the page.

Immunization requirements instructions

You must comply with IMMUNIZATION REQUIREMENTS in order to complete registration.

All students, including international students, are required to comply with New Jersey state and Princeton University immunization laws and standards in order to complete registration.

The State of New Jersey and Princeton University require that every student born in or after 1957 must be immunized against measles, mumps, and rubella, and a completed Hepatitis B series and have a meningitis vaccine. All students must be fully immunized against tetanus and have a PPD skin test for tuberculosis. According to state mandate, the University may not allow you to register until a complete immunization history is on file. **Students must read the meningitis brochure at www.princeton.edu/uhs/af_forms.html.**

Where can you obtain an acceptable record of your immunizations?

- **High school.** A copy of the immunization record may be obtained from your high school. These records may contain adequate information (for example, the month/day/year) for each immunization.
- **Personal immunization record.** Records from pediatricians or family physicians are acceptable, if verified (with a stamp or a signature) and contain proof of minimum requirements.
- **Local health department.** If primary immunizations were received at a local health department, a copy may be available from this source.
- **Previous college or university.** If you are a transfer student and the college or university you previously attended had immunization requirements, it's possible that these records will be acceptable proof of protection. You are responsible for returning the University Health Services (UHS) form and getting any needed immunizations.

International Students

Proof of immunity is required. If documentation is not available, reimmunization may be necessary.

English	French	Spanish	Japanese	Chinese	Korean
Tetanus	Tétanos	Tetanos	Hashōfu	破傷風	파상풍
Polio	Poliomyelitis	Poliomelitis	Shonimahi	小兒麻痺症	소아마비
Measles	Rougeole	Sarampion	Hashika	麻疹	홍역
Rubella	Roseole	Robéola	Fūshin	風疹	풍진
Mumps	Oreillons	Paperas	Otafuku-Kaze	腮腺炎	이하선염
Tuberculosis	Tuberculose	Tuberculosis	Kekkaku	結核病	결핵