



**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

Please print or type

Deadline: June 30, 2006

Student instructions

The student completes pages 1 and 2 and the top of page 4. Do not separate the pages of this form. The student's physician or nurse completes page 2 and 4, 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 <i>(check one)</i> <input type="radio"/> Undergraduate, Class of '10 <input type="radio"/> Exchange student, class year '_____ <input type="radio"/> Graduate student, Department _____ <input type="radio"/> Spouse or dependent of undergraduate <input type="radio"/> Spouse or dependent of graduate student <input type="radio"/> Other	-or-	Princeton Theological Seminary students <i>(check one)</i> <input type="radio"/> Seminary student <input type="radio"/> Spouse or dependent
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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 9/1/05: I hereby give permission to the medical 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 physicians 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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For Office Use Only: Date Received _____ Complete _____ Incomplete Letter Sent _____

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:*

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

Psychiatric condition(s) requiring ongoing care. *Please list:*

Require allergy shots to be continued at Princeton. *We will send you the necessary forms to be completed by your allergist.*

Yes No

Physical exam

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

- Physical exam performed; no medical concerns.
- Physical exam performed; medical concerns identified. *(Explanation/description required and attached)*
- The student can participate in recreational, intramural and intercollegiate sports. Yes No

Clinician signature

Date

Student signature

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

Student signature

Date

Immunization compliance

- I have followed the instructions and have had a physician or a nurse fill out and sign my immunization history on page 4 of this medical information form.

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.



Please print or type

Deadline: June 30, 2006

Student instructions

- The student is responsible for seeing that the physician or nurse completes all information.
- 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 4 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 meningitis. 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 included in this packet.**

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	Tetanos	Tetanos	Hashōfū	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

Do Not Tear

Name	Affiliation (i.e. '10, Grad, Sem)
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Additional instructions for physician or nurse

This section is not valid for the student unless there is a **physician's or nurse's signature** at the end of it. If there is any condition or disability that needs ongoing or follow-up care, please enclose an explanation and your recommendations. UHS provides primary health care for students. **Please include copies of any additional immunization records with this form.** Use month/day/year format for all dates.

Hepatitis B vaccine *Required for 1st year Princeton Undergraduates*

- The Hepatitis B vaccine is only required for freshman entering Princeton University.
- At least one dose is required before matriculating.

Note: If the series is not completed prior to mailing the form, please provide documentation as immunizations are received.

Date 1st dose	Date 2nd dose	Date 3rd dose	Titer date	Result +/-:
/ /	/ /	/ /	/ /	

Measles, mumps, and rubella *Required*

- Vaccines are required by state law for students born in or after 1957.
- Two doses are required.
- The first dose must be given at age 12 months or older and after 1968.
- The second dose must be given at least 30 days after the first dose and after 1980.
- If you are unable to give the dates of vaccination or are unable to vaccinate for medical reasons, please send a copy of the immunity titer drawn after 5/1/2005 confirming immunity to measles, mumps, and rubella.

Note: History of disease is not acceptable proof.

MMR	Date 1st dose	Date 2nd dose	Titer date (Blood test) after 5/1/05	Result +/-: <i>Include copy of lab</i>
	/ /	/ /	/ /	
Measles	Date 1st dose	Date 2nd dose	Titer date after 5/1/05	Result +/-: <i>Include copy of lab</i>
	/ /	/ /	/ /	
Mumps	Date 1st dose	Date 2nd dose	Titer date after 5/1/05	Result +/-: <i>Include copy of lab</i>
	/ /	/ /	/ /	
Rubella	Date 1st dose	Date 2nd dose	Titer date after 5/1/05	Result +/-: <i>Include copy of lab</i>
	/ /	/ /	/ /	

Meningococcal vaccine *Required*

Vaccine date	<input type="radio"/> Menactra or	<input type="radio"/> Menomune in last five years
/ /		

Tetanus/Diphtheria *Required*

- Two dates are required
- Booster must be after 12/1/1996.
- Date of Series completion must be after age 6 months.

Date series completed	Booster date (booster or date series completed must be after 12/1/1996)
/ /	/ /

Tuberculin test *Require*

- Must be PPD or a Mantoux test.
- Tine and Heath tests are not acceptable.
- The test must be after 5/1/2005.
- The form is considered incomplete without the mm of induration included.
- For a result greater than 10 mm of induration, a chest X-ray is required.
- Please send a typed report of the chest X-ray result.
- For past positive reactions, a chest X-ray is required after 5/1/2005.

Note: BCG vaccine is not required, however, if BCG was given before 5/1/04, a tuberculin test is still required.

Mantoux/PPD date	Result in mm	X-ray date after 5/1/05	X-ray result +/-: <i>Include typed report</i>
/ /	_____ mm	/ /	
Past Positive Results	INH treatment begun	Completed	Hx BCG date
/ /	/ /	/ /	/ /

Varicella vaccine (Recommended if there is no history of the disease)

Date 1st dose	Date 2nd dose	Date of disease	Titer date	Result +/-:
/ /	/ /	/ /	/ /	

Clinician information *Required*

Physician's or nurse's name (please print)	
Address	Telephone

Physician's or nurse's signature	Date
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