

MEDICAL INFORMATION

HEALTH EXAMINATION REPORT

It is mandatory that all students entering the University of New Haven have a completed Health Examination Report on file, thus enabling the Health Services staff to render optimum health care when needed.

NAME: _____

Date of Birth (MM/DD/YYYY): _____

Health History (to be completed by a clinician)

Medication Allergies: _____

Food Allergies: _____

Medications (list those currently taking): _____

Medical Problems: _____

Past Surgeries: _____

HEALTH CARE PROVIDER (Please print or use stamp)

Print Clinician's Name

Last

First

Phone Number

Fax Number

Address

Street

City

State

Zip

Clinician's Signature and Title

IMMUNIZATION RECORD

Immunity is **REQUIRED** prior to registration.

An official printed copy from your physician will be accepted in place of filling out the immunization form.

TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER. (Dates must include month and year.)

PLEASE ATTACH COPIES OF LAB RESULTS IF SUBMITTING TITERS.

Date of Illness or Dates of Doses

MM/DD/YYYY

MMR (MEASLES, MUMPS, RUBELLA)

Dose 1 – Immunized on or after 12 months of age

NAME: _____

Date of Birth (MM/DD/YYYY): _____

Tuberculosis Screening Questions	YES	NO
Have you ever had close contact with persons known or suspected to have active TB disease?		
Were you born or lived in another country besides the United States, Canada, Australia, New Zealand, or Western/Northern Europe for more than 1 month?		
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and/or homeless shelters)?		
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?		
Are you currently on or plan to be on any type of immunosuppressive medication?		

Recommended Vaccines

Proof of immunity is not required prior to registration

	Date of Illness or Dates of Doses MM/DD/YYYY
POLIO	
<input type="checkbox"/> Completed primary series of Polio immunizations	_____ / _____ / _____
Type of vaccine: <input type="checkbox"/> Oral <input type="checkbox"/> Inactivated <input type="checkbox"/> E-IPV	
<input type="checkbox"/> Last Booster Date	_____ / _____ / _____

Additional Information for Minors ONLY (under 18 years of age):

If you are less than 18 years of age, your parent or guardian will need to complete two additional forms before treatment can occur at the Yale New Haven Health Nicholson Student Health Center.

The documents can be obtained on the health services website at newhaven.edu/healthservices under "Health Services Requirements and Forms."

Please ensure the following are included with your parent or guardian's signature:

1. Patient Financial Responsibility Notice
2. Notice of Privacy Practices

QUESTIONS? Contact the Health Services Office at **203.932.7079**