ST. JOHN'S UNIVERSITY

MEDICAL RECORDS

(Please retain a copy for your files.)

STUDENT HEALTH SERVICES

Queens Campus
DaSilva Hall
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Wednesday, May 15, 2019.

Please print.

Name: _____ Date of Birth: _____

Address: _____ Home Tel: _____

_____

Student ID #: X_____

Emergency Contact Name: _____ Tel.: _____

Campus where you are enrolled: (check one) ☐ Queens ☐ Manhattan ☐ Staten Island ☐ Online Learning

Medical History (Include dates if possible.)

Allergy—Drugs: _____ Allergy—Other: _____

Allergy—Foods: _____ Kidney Disease: _____

Heart Disease: _____ Chicken Pox: _____

Diabetes: _____ Asthma: _____

Hypertension: _____ Seizure Disorder: _____

Hypoglycemia: _____ Other: _____

Have you had any serious accidents? ☐ Yes ☐ No Nature of injury: _____

List of operations and dates: _____

_____

Do you take prescribed medications on a regular basis? ☐ Yes ☐ No

If yes, please list: _____

_____

Do you have a physical, learning, or other disability of which the University should be aware in order to help you achieve your educational goals? ☐ Yes ☐ No If yes, please describe: _____

_____

_____

Would you like the Office of Disabilities Services to contact you? ☐ Yes ☐ No

Health insurance is MANDATORY for all resident and international students.

CONSENT FOR MEDICAL TREATMENT: The law requires that parental permission be obtained so that medical treatment can be administered to students under the age of 18.

I hereby grant permission for medical evaluation, treatment, and/or hospitalization in case of illness or accident for myself/son/daughter/guardian. I grant permission for hospital admission and for administration of anesthetics and necessary operative procedures in an emergency. I give permission for the release of information concerning my/his/her medical condition to other responsible University officials when necessary.

Name of Student: _____ Student ID #: X_____

Signature of Parent/Guardian: _____ Date: _____ Tel: _____