Ready to make the world a better place?

(You’ll need to fill out a few online forms first.)

It’s time to take the next step on your path to success—your undergraduate career at St. John’s University.

This is your official package preparing you for your spring semester.

Find the statement below that best describes you. Follow the instructions. ONLY fill out the forms that apply to you. By state or institutional mandate, all new online degree-seeking students are required to complete the meningitis awareness forms. Online students who plan to take courses on campus or use campus facilities will be required to submit the medical, immunization, and physical exam forms. Students who fail to submit these forms will not be able to matriculate at St. John’s.

“I am a new online freshman.”

Please read, complete, and return the following forms:

☐ Final high school transcripts, including final grades, and date of graduation
☐ Academic honor pledge
☐ Medical records, physical examination, and immunization forms (required ONLY if courses will be taken on campus)
☐ Meningitis form

“I am a new online transfer student.”

Please read, complete, and return the following forms:

☐ Final high school transcripts, including grades, and date of graduation (for those who do not have an associate degree)
☐ Final college transcripts, including final grades
☐ Academic honor pledge
☐ Medical records, physical examination, and immunization forms (required ONLY if courses will be taken on campus)
☐ Meningitis form

Please fill out all forms that apply to you and return them to the appropriate office.

Also, remember to schedule your New Student Orientation Webinar session by contacting the Office of Online Learning and Services at 718-990-2786 or onlinelearning@stjohns.edu.
To complete your enrollment, St. John’s needs confirmation of your high school graduation. Please complete this form and take it to your high school guidance or transcript office as soon as possible after graduation. Have your high school send St. John’s your final transcript showing your final grades and date of graduation by Tuesday, December 15, 2015.

Thank you. We look forward to seeing you at Orientation.

Name: ____________________________________________________________________________________

St. John’s Student ID #: X_________________________ Date of Birth: ___________________________

St. John’s University campus you will attend: ☐ Online ☐ Queens ☐ Staten Island

Transcript Office: Please send an official copy of my high school transcript—including final grades and date of graduation—to the following address:

St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA  02368-9822

Student’s Signature: _____________________________________________________________________

Date: ________________________________________________________________________________

Questions? Call the Office of Undergraduate Admission.

Queens Campus
718-990-1802
admission@stjohns.edu

Staten Island Campus
718-390-4500
siadmissions@stjohns.edu
To complete your enrollment, St. John’s needs final transcripts from each college you have attended. Please complete this form and take it to your college registrar’s office. Have them send St. John’s your final transcript, showing your final grades, by Tuesday, December 15, 2015.

(You may make copies of this form if necessary.)

Thank you. We look forward to seeing you at Orientation.

Name: __________________________________________________________________________________

St. John’s Student ID #: X____________________ Date of Birth: ______________________

St. John’s University campus you will attend: □ Online  □ Queens  □ Staten Island

Registrar’s Office: Please send an official copy of my college transcript—including final grades and date of graduation, if applicable—to the following address:

St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA  02368-9822

Student’s Signature: ____________________________________________________________________

Date: _________________________________________________________________________________

Questions? Call the Office of Undergraduate Admission.

Queens Campus
718-990-1802
admission@stjohns.edu

Staten Island Campus
718-390-4500
siadmissions@stjohns.edu
St. John’s University is a diverse community of teachers and scholars committed to the principles of truth, love, respect, opportunity, excellence, and service. Members of the St. John’s University community strive to create an atmosphere that embodies the University’s Vincentian mission. Students and faculty commit themselves to the pursuit of wisdom and academic excellence, while fostering a responsibility for serving others. As members of this community, students are expected to maintain the principles of compassion and the values of honesty and academic integrity.

In accordance with this pledge, students acknowledge their commitment to the values and principles of the mission of St. John’s University.

1. I will not tolerate or participate in any form of academic fraud by cheating, lying, or stealing, nor will I accept the actions of those who choose to violate this code.

2. I will conduct myself both honorably and responsibly in all my academic and nonacademic activities as a St. John’s University student.

Adopted by the University community and Student Government, Inc., April 2003.

Name (please print): ____________________________________________________________

Student’s Signature: __________________________________________________________________________

St. John’s Student ID #: X_________________________ Date: __________________________

Please complete by Tuesday, December 15, 2015, and return to:
St. John’s University
Office of Admission Processing Center
P.O. Box 413
Randolph, MA 02368-9822
Please note that the following forms are not required of online students unless they plan to visit any St. John’s University campus for any reason. This includes visiting a campus to take courses, use on-campus facilities, and/or meet with professors, administration, or staff.

**Required Medical Forms:**

- Meningitis Form

**Optional Medical Forms:**

- Medical records
- Physical examination
- Immunization forms
St. John’s University is in compliance with New York State Public Health Law 2167, which requires ALL students attending colleges and universities in New York State to be given information relating to immunization against meningococcal meningitis. By law, you must respond to this notification within 30 days.

An airborne disease, meningococcal meningitis is transmitted through droplets of respiratory secretions and from direct contact with persons infected with the disease. College students spending many hours together in close physical contact and/or living in confined areas such as residence halls are at an increased risk of contracting the disease.

Meningococcal meningitis causes an inflammation of the membranes covering the brain and spinal cord. It can be treated with antibiotics but is sometimes not diagnosed early enough. Symptoms of the most common type of meningococcal meningitis are high fever, severe headache, stiff neck, nausea and vomiting, lethargy, and a rapidly progressing rash. The disease strikes about 3,000 Americans and claims about 300 lives each year. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease each year. Though it occurs most often in late winter or early spring, it can occur in any season.

A vaccine is available to protect against four types of the bacteria causing meningitis in the United States: types A, C, Y, and W-135. These types account for nearly two-thirds of meningitis cases among college students. The vaccine does not protect against all strains of the disease and does not provide lifelong immunity. To help you make an informed decision about being immunized, talk with your healthcare provider to consider the benefits and risks of meningococcal meningitis immunization.

Though Student Health Services does not provide the vaccine on campus, we can refer students to local healthcare providers if requested. The cost of the vaccine varies, but in our area the approximate cost is about $100–$200. Be advised that insurance may not pay for the cost of the vaccine.

For your information, we enclose a fact sheet about meningitis provided by the New York State Department of Health. After reading the fact sheet and consulting with your healthcare provider, please complete the form provided and return it to this office. You may also fax the form to Student Health Services.

Thank you for taking the time to consider this important information about meningococcal meningitis and the available vaccine.
Meningococcal Disease

Information Sheet

Information for college students and parents of children at residential schools and overnight camps

What is meningococcal disease?
Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?
Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between five and 15 college students die each year as a result of infection.

Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

How is the meningococcus germ spread?
The meningococcus germ is spread by direct close contact with nose or throat discharges from an infected person. Many people carry this particular germ in their noses and throats without any signs of illness, while others may develop serious symptoms.

What are the symptoms?
High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10–15 percent die in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?
The symptoms may appear two to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?
Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?
Yes, a safe and effective vaccine is available. The vaccine is 85–100 percent effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70 percent of the disease in the United States.

Is the vaccine safe? Are there adverse side effects to the vaccine?
The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

What is the duration of protection from the vaccine?
After vaccination, immunity develops within seven to 10 days and remains effective for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?
Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, (health.state.ny.us), the Centers for Disease Control and Prevention, (cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, (acha.org).

Bureau of Communicable Disease Control, New York State Department of Health 7/2003
Meningitis Form

(Please retain a copy for your files.)

Student Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Name: __________________________________________
Date of Birth: __________________________

Address: ______________________________________________________________________________

Student ID #: X __________________________________________

Campus where you are enrolled: (check one) □ Online □ Queens □ Staten Island

St. John’s University is in compliance with New York State Public Health Law 2167, requiring all college and university students and parents or guardians (if student is under age 18) to complete and return this form to Student Health Services at the address above.

All students (and parents or guardians if student is under age 18) must complete and sign below. Please note: It is necessary to complete this form even if documentation of this vaccine is already on file.

CHECK ONE BOX AND SIGN BELOW:

□ Had the meningococcal meningitis vaccine at age 16 years or older. Date: ______________________

Healthcare provider’s signature: __________________________________________________________

Address: ____________________________________________________________________________

License # : ____________________________ Tel: ________________________________

Stamp: ________________________________________________________________________________

I have (for students under age 18: “My child has”):

□ Read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed: ____________________________ Date: ____________________________

(Parent/guardian if student is under age 18)
Medical Records

(Please retain a copy for your files.)

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Thursday, December 15, 2015.

Student Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Please print.
Name: __________________________________________ Date of Birth: _______________________
Address: __________________________________________ Home Tel: _______________________

Student ID #: X __________________________________________
Emergency Contact Name: __________________________ Tel: _______________________
Campus where you are enrolled: (check one)  □ Online  □ Queens  □ Staten Island

Medical History (Include dates if possible)

Allergy—Drugs: __________________________
Allergy—Foods: __________________________
Heart Disease: __________________________
Diabetes: __________________________
Hypertension: __________________________
Hypoglycemia: __________________________

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: ________________________________________________________________

________________________________________________________________________________
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: _______________________

Student Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu
Physical Examination

(To be completed by physician or healthcare provider.)

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Thursday, December 15, 2015.

Student Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Student Name: ____________________________ Date of Birth: ____________________________

Student ID #: X ____________________________ Gender: ☐ Male ☐ Female
Campus where you are enrolled: (check one) ☐ Online ☐ Queens ☐ Staten Island

Height: _________ Weight: _________ Blood Pressure: _________ Pulse: _________
Vision: _______ Right: _______ Left: _______

For Health Sciences Students only:

Color Vision Screening ☐ Normal ☐ Abnormal
Urinalysis Result ☐ Normal ☐ Abnormal Date: __________
Blood Count HCT: ____________________________ HGB: __________________ Date: __________

Normal Abnormal
Head, neck, face, and scalp ______ ______ Abdomen ______ ______
Nose and sinuses ______ ______ Endocrine System ______ ______
Mouth, teeth, gingival ______ ______ Extremities ______ ______
Ears ______ ______ Reflexes ______ ______
Eyes ______ ______ Musculoskeletal ______ ______
Lungs, chest, and breasts ______ ______ Lymphatic ______ ______
Heart ______ ______ Neurologic ______ ______
Vascular ______ ______ Genital/Urinary ______ ______

In your judgment, is there any reason why physical activities would be contradicted? ☐ Yes ☐ No
If yes, explain ________________________________________________________________

Family history (relevant health problems) _________________________________________

TB SCREENING

Tuberculin Skin Test (within six months of exam): Date Planted ___/___/___ Date Read ___/___/___
Result: ☐ Positive ☐ Negative ______ mm induration

Pharm.D. Students Only two-step testing necessary: Date Planted ___/___/___ Date Read ___/___/___
Result: ☐ Positive ☐ Negative ______ mm induration

or QTF TB Gold Test Date ___/___/___ Result: ☐ Positive ☐ Negative Attach QTF Lab Results

*If QTF or PPD Test Positive, Chest X-Ray Required: Date ___/___/___ Result: ☐ Positive ☐ Negative

VACCINE RECORD (if blood titers drawn, please attach lab results)

Tetanus-Diphtheria Booster: (within 10 years) Date ___/___/___ Tdap Date ___/___/___
Varicella Vaccine: Dose 1 ___/___/___ Dose 2 ___/___/___ or Disease Date ___/___/___
Hepatitis B Vaccine (recommended): Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___
Meningococcal Vaccine (recommended after 16th birthday): Date ___/___/___

or Refused ☐ Attach Meningitis Response Form

MMR (required by NYS Law): Dose 1 ___/___/___ Dose 2 ___/___/___
Polio series completed: ☐ Yes ☐ No

Physician’s Name (Print): _____________________________________________ Date: ___/___/___
Signature: ____________________________ Exam Date: ___/___/___
License Number: ____________________________ Physician Stamp: ____________________________
or attach Rx with signature

The information contained on this form is accessible only the professional health staff of the Student Health Services and will not be released without the written authorization of the student, or pursuant to a lawfully issued subpoena. The authority to request this information is found in Section 355 of the Educational Law.
Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus.

Student Health Services
Queens Campus
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Name: ____________________________________________________________ Date of Birth: ____________________________

Address: _______________________________________________________________________________________________________

Student ID #: X ________________________________________________________________________________________________

Campus where you are enrolled: (check one)  □ Online  □ Queens  □ Staten Island

The New York State Legislature passed Public Health Law 2165 in June 1989, requiring ALL students attending colleges and universities in New York State who were born on or after January 1, 1957, to be immunized against measles, mumps, and rubella. Documentation of immunization must be completed before classes begin. Students who fail to present adequate documentation will not be permitted to register.

Proof of immunization consists of one of the following:
1. A certificate of immunization signed by your physician or healthcare provider (see form below).
2. A student health record from a previously attended school that properly documents your immunization history.
3. Serologic testing for MMR antibodies with laboratory copy of same is acceptable proof of immunity.
4. Documentation that proves you have attended primary or secondary school in the United States AFTER 1980 will be sufficient proof that you have received one dose of live measles virus vaccine. You must also provide a certificate of immunization that documents a dose of measles vaccine was administered within one year prior to attendance at the postsecondary institution. Documentation of mumps and rubella vaccines as stated above must also be provided.

For physician to complete:
1. This student has received MMR immunization. (It is required by law that students receive TWO doses of measles vaccine and ONE dose of mumps and rubella vaccine. An immunization given before 1968 is acceptable only if the immunization record specifies that the vaccine was a live virus vaccine.) A dose of live virus measles, mumps, and rubella vaccine must be administered no more than four days prior to a child’s first birthday, and a second dose of live measles, mumps, and rubella vaccine must be administered no less than 28 days after the first dose.

   MMR  (first dose date):___________________________  (second dose date):___________________________
   Measles  (first dose date):___________________________  (second dose date):___________________________
   Mumps  (first dose date):___________________________  (second dose date):___________________________
   Rubella  (first dose date):___________________________  (second dose date):___________________________

2. Serologic evidence of immunity for MMR: (Please attach laboratory reports.)

Physician’s Signature: ___________________________________________________________________________________

Address: ____________________________________________________________________________________________________

License #: __________________________________  Phone: __________________________________

Physician’s Stamp: ___________________________________________________________________________________________
To prepare you for your first exciting semester, St. John’s University holds a special—and mandatory—New Student Orientation Webinar for its new online students. The spirit of our orientation program reflects St. John’s concern for the holistic development of every student. St. John’s offers an education that prepares you for personal and professional success in a global society that is rooted in our 145-year heritage as a Catholic, Vincentian, metropolitan and global university.

The webinar provides the best way for new students to become acclimated to the online learning environment at St. John’s. This is your opportunity to learn about the many resources that will allow for a smooth transition, and to familiarize yourself with the technology used to deliver online courses and programs including course login and university e-mail. Eligible students will also learn how to obtain a laptop and student ID card. Student Retention and Recruitment Coordinators will serve as key contacts and look forward to supporting you throughout your educational journey at St. John’s University.

The orientation webinar is MANDATORY. You can select from the dates and times listed below.

**Wednesday, January 6, 2016 noon or 4 p.m. EST**

**Wednesday, January 13, 2016 noon or 4 p.m. EST**

Register by following the link. If necessary, contact the Office of Online Learning and Services for assistance: 718-990-2786 or onlinelearning@stjohns.edu.

We look forward to meeting you during the New Student Orientation Webinar!

Kathryn T. Hutchinson, Ph.D.
Vice President for Student Affairs

Elizabeth Ciabocchi
Vice Provost of Digital Learning
Your StormCard

Even though you will be completing your education online, you might want to obtain a St. John’s University StormCard, which serves as a primary means of identification should you visit the campus. You might also find it helpful to carry proof of student status for certain student discounted services in your area.

How Do I Get My StormCard?

To obtain a StormCard, please notify one of our student retention coordinators. They will help you make arrangements with the StormCard Office. They can be reached at 718-990-2786.

Congratulations! You are one step closer to becoming a St. John’s student!

Questions?
Call the Office of Online Learning at 718-990-2786
We look forward to seeing you during the New Student Orientation Webinar!

get acquainted