



ST. JOHN'S
UNIVERSITY

MEDICAL FORMS

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 THE MEDICAL FORMS ONLINE BY FOLLOWING THE INSTRUCTIONS BELOW, OR COMPLETE AND FAX, MAIL, OR RETURN IN PERSON THE SUBSEQUENT FORMS.

Create your online portal account:

1. Go to patient-stjohns.medicatconnect.com.
2. Click **Register** from the top menu.
 - **User Name**—create your own user name; if you have received your St. John's e-mail, we suggest using the same user name, e.g., [john.smith20](#) (first.last##, where ## represents the two-digit year of your start at St. John's)
 - **University ID**—enter your St. John's University X-number
 - Enter your **First Name** and **Last Name** as supplied on your admission materials; if you already have your StormCard, please enter your name as it appears there.
 - **Birth Date**—enter your birthday in the following format: MM/DD/YYYY
3. When complete, click **Submit** and you will receive an e-mail with your unique link to set up your password.

I have completed my medical forms online.