

**HEALTH SERVICES**  
**Incoming Student Requirements**

Requirements must be submitted by July 15, 2024.

**PART A: IMMUNIZATION RECORD**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

REQUIRED IMMUNIZATIONS date format (*mm/dd/yy*)

MEASLES, MUMPS, RUBELLA REQUIREMENT –ONE of the following options - NYS Department of Health Law

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	Date of Birth:
VITAL SIGNS:	Ht:	Wt:	B/P:	Pulse:	

MEDICATIONS:

ALLERGIES:

PAST MEDICAL HISTORY:

ITEM/AREA EVALUATED	NORMAL	NOT EXAMINED	ABNORMAL	IF ABNORMALITIES ARE NOTED, PLEASE DESCRIBE
Appearance				
Nose & Sinuses				