



ST. JOSEPH'S COLLEGE OF NURSING

At St. Joseph's Hospital Health Center

STUDENT HEALTH RECORD

The New York State Department of Health and Education requires that each student submit a current physical exam (within one year), health history, and immunizations prior to participation in any health care program. This information is **confidential** and will be maintained in your Certified Profile account.

Name (print last name/first name):		
Address (including city/state/zip):		
Birth Date:	Phone Number:	
Male / Female	Last 4 Digits of SSN#:	Are you an employee or volunteer at St. Joseph's? Yes / No
Health Care Provider:		Health Care Provider's Phone Number:

PLEASE ANSWER THE FOLLOWING:

1. Would you say your present health is: Excellent Good Fair Other
If other, explain _____
2. Have you sustained an injury in the past six (6) months? No Yes
If yes, explain _____
3. Have you ever been treated for back/neck pain or have any history of back/neck injury? No Yes
If yes, explain _____
4. Any skin disorders, i.e. eczema, psoriasis, irritation or open lesions?
 No Yes, explain _____

ALLERGIES & EXPOSURES:

1. Do you have any allergies? No Yes, explain _____

2. Are you allergic to LATEX? No Yes

I understand that the Health Record will be treated as confidential and privileged. I give my permission to the College of Nursing at St. Joseph's Hospital to release my health form to any affiliating organizations as necessary for clinical assignments.

Signature _____ Date _____