

# NJCU HEALTH AND WELLNESS CENTER

2039 Kennedy Blvd., Jersey City, NJ 07305-1597

Vodra Hall, Suite 107

(201) 200-3456 or 3457 Fax: (201) 200-2011

Email: [HWC@NJCU.EDU](mailto:HWC@NJCU.EDU)

## ENTRANCE HEALTH RECORD

**DIRECTIONS:** The Entrance Health Record is to be **completed by the student** and returned to the Health and Wellness Center at the above address. **DO NOT send the form to the Admissions Office.** All medical / immunization information is confidential and will not be released without the student's written permission with the exception of vital information in case of a medical emergency. Parent or guardian's signature is required if the student is under the age of 18. **INCOMPLETE FORMS ARE NOT ACCEPTED**

**Students who fail to comply will be blocked from second semester registration and excluded from University housing**

PLEASE CHECK: Undergraduate Graduate Re-Admit Certification Transfer Other \_\_\_\_\_

Starting Semester: Fall Spring Summer YEAR: \_\_\_\_\_ Do you plan to live on campus? Yes No

PLEASE PRINT ALL INFORMATION, EXCEPT WHERE A SIGNATURE IS REQUIRED - PLEASE USE INK

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

**NJCU Student ID # (if known) or**

Maiden/Former Name: \_\_\_\_\_ Last 4 digits of SSN # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
(Permanent Home) Street City or Town State Zip

Address \_\_\_\_\_  
(Local, if different from above) Street City or Town State Zip

Phone (Cell) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

## PERSONAL HISTORY

# NEW JERSEY

*This section must be completed and signed/stamped by a physician or health care provider OR a copy of your immunization records must be attached*

## IMMUNIZATION EXEMPTIONS

(If you are applying for EXEMPTION, please check below, and you MUST provide the information required for the exemption)

Immune Status Exemption – ANTIBODY TITERS (BLOOD TEST) Copy of laboratory report showing that you are immune is required. Only positive or immune titers will be accepted. Equivocal results are NOT acceptable.

Age Exemption - Born prior to January 1, 1957 (valid for MMR immunization exemption only) – There is **NO AGE** exemption for the **Hepatitis B** immunization or the **Meningitis campus** housing