





Name: \_\_\_\_\_  
Last First

**Caldwell College Health Services**

**PHYSICAL (Must be completed within 12 months prior to the start of the semester)**

**TO THE EXAMINING CLINICIAN:**

BP	/	Height		Weight	
<b>PHYSICAL EXAM:</b>					
Eyes		WNL	Remarks:		
Ears		WNL	Remarks:		
Nose		WNL	Remarks:		
Throat		WNL	Remarks:		
Neck		WNL	Remarks:		
Lungs		WNL	Remarks:		
Heart		WNL	Remarks:		
Abdomen		WNL	Remarks:		
Lymph glands		WNL	Remarks:		
G.U.		WNL	Remarks:		
Skin		WNL	Remarks:		
Neuro		WNL	Remarks:		
Musculoskeletal		WNL	Remarks:		

Current Medications: (including OTCs, birth control pills, etc.) \_\_\_\_\_

Allergies: \_\_\_\_\_

Does student have any physical/mental disability or condition which should limit participation in (check all that apply)

- Campus Residency    Classroom Activities    Physical Education    Competitive Sports

If yes, please explain: \_\_\_\_\_

Has student received treatment or counseling for a psychiatric condition, personality disorder or emotional problem?

If yes, please explain: \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of completed exam \_\_\_\_\_

**IMMUNIZATION RECORD**  
(Immunization records are NOT confidential)

Name: \_\_\_\_\_  
Last
First
Middle

Birth Date: \_\_\_\_\_  
Month
Day
Year

Your health care provider must complete this page, provide any supporting documentation and SIGN below, OR you may attach acceptable evidence of vaccination to the form. ALL information must be in English.

**REQUIRED VACCINATIONS:**

**Measles, Mumps, Rubella:** New Jersey State Law requires that all students born 1957 or later provide documentation of two Measles, one Mumps and one Rubella vaccination given on or after your first birthday, separated by at least 28 days, and after 1968 **OR** copy of laboratory test results proving immunity.

<b>OR</b> ↓ →	<b>MMR #1</b> _____ <small>Month Day Year</small>	<b>MMR #2</b> _____ <small>Month Day Year</small>		
<b>MEASLES:</b> Date: #1 _____ Date: #2 _____ <small>Month Day Year Month Day Year</small>	<b>OR</b>	Measles (Rubeola) IgG Antibody test demonstrating immunity. <b>Copy of laboratory report must be attached.</b>	Equivocal results are NOT acceptable.	
<b>MUMPS:</b> Date: _____ <small>Month Day Year</small>	<b>RUBELLA:</b> Date: _____ <small>Month Day Year</small>	<b>OR</b>	Mumps/ Rubella IgG Antibody tests demonstrating immunity. <b>Copy of laboratory report must be attached.</b>	Equivocal results are NOT acceptable.

**Hepatitis B:** New Jersey State Law requires that ALL students taking **12 or more credits per semester** provide documentation of Hepatitis B vaccine series **OR** copy of laboratory test results proving immunity.

<b>Hepatitis B Doses:</b> #1 _____ #2 _____ #3 _____ <small>Month Day Year Month Day Year Month Day Year</small>	<b>OR</b>	Hep B Surface AB test demonstrating immunity. <b>Copy of laboratory report must be attached.</b>	Equivocal results are NOT acceptable.
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**Meningitis:** New Jersey State Law requires that ALL students ENTERING CAMPUS HOUSING receive the Meningitis Vaccine. Students will NOT be permitted entry to campus housing unless Health Services has received proof of vaccination.

\*Preferred: MENACTRA: Date: \_\_\_\_\_ **OR** MENOMUNE: (within 3 years of college entry) Date: \_\_\_\_\_  
Month Day Year Month Day Year

**Tuberculosis (PPD) Screening:** A Tuberculosis (Mantoux PPD) Test is required for ALL students ENTERING CAMPUS HOUSING. The test must be administered within 12 months prior to entering housing. *If results are positive, a chest x-ray is mandatory and a copy of the x-ray report must be attached.*

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ (must be read 48-72 hrs after test) Results: \_\_\_\_\_ mm  
Month Day Year Month Day Year

**STRONGLY RECOMMENDED VACCINATIONS:**

**Diphtheria-Tetanus within the last 10 years:** Date: \_\_\_\_\_ **or Tetanus, Diphtheria, Pertussis (Tdap):** Date: \_\_\_\_\_  
Month Day Year Month Day Year

**Varicella (Chickenpox):** Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_  
Month Day Year Month Day Year

**Health Care Provider's name, address, and signature required by law. WILL NOT BE ACCEPTED WITHOUT SIGNATURE.**

Name & title: \_\_\_\_\_ Address: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



Dear Student and Parent/Guardian:

The Health Services Department would like to inform you about a serious health hazard facing college students. This is the growing threat of meningitis on college campuses across the country.

Meningitis is a rare but potentially fatal disease with early symptoms that resemble the flu, making diagnosis difficult. The symptoms include high fever, severe headache, stiff neck, confusion, nausea and vomiting, exhaustion and/or a rash. If not treated early, meningitis can lead to severe and permanent disabilities, even death.

Meningococcal bacteria are transmitted through air droplets and by direct contact with infected persons. It occurs most often in late winter and early spring-when most college students are away at school. Cases of meningitis among teens and young adults 15-24 years of age-the age of most college students-have more than doubled since 1991. It is estimated that between 100-125 meningitis cases occur on college campuses each year and as many as 15 students will die from the disease.

While the reason for this rise in college campus outbreaks is not fully understood, studies suggest that college students are more susceptible because they live and work in close proximity to each other in dormitories and classrooms. Life style appears to be a risk factor as well, with exposure to active and passive smoking, alcohol consumption, and bar patronage all increasing the chances of contracting meningitis from an infected individual.

A vaccine is available that protects against four of the five strains of the bacteria that causes meningitis in the United States. These types account for nearly two-thirds of meningitis cases among college students. New Jersey State Law requires any student planning to live in campus housing **must** have a meningitis vaccine prior to moving into housing. In addition, the American College Health Association (ACHA) recommends that all other college students consider vaccination against meningitis to protect them against this serious disease.

In support of this recommendation, you are encouraged to discuss meningitis with your physician and consider vaccination prior to your college entrance.

Sincerely,

Cynthia Lee Striano, R.N.

# Meningitis Survey

**Please complete the survey below and return to Health Services in the enclosed envelope *along with your completed health records*:**

***Please note: STUDENTS RESIDING IN CAMPUS HOUSING must complete #1, all other students must choose between statements 1-4.***

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I acknowledge that I have received and read the information about meningitis and the meningitis vaccine.

Please check one:

1. I have received the meningitis vaccine on \_\_\_\_\_.  
(date)
2. I have decided to receive the meningitis vaccine at a later date. \_\_\_\_\_
3. I have decided not to receive the meningitis vaccine. \_\_\_\_\_
4. I am undecided about whether or not to receive the meningitis vaccine. \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_  
(If student is under 18 years of age, parent/guardian signature is required)