



York College

The City University of New York

Jamaica, NY 11451

Phone: 718-262-2050

Division for Student Development/Counseling
Health Services Center, Room 1F01

EMPL ID# : _____

Date: _____

Dear Student:

The medical information you have sent or brought into our office has been received and recorded/not recorded.

The item (s) checked below are either incomplete or missing:

____ Personal History (Medical Record) not completed by student

____ Physical Examination not completed by physician. Enclosed/not enclosed.

____ Indication by your physician of limitations in physical activities.

____ A more recent Tuberculin test required.

____ Tuberculin test and result.

____ TDAP Date (Tetanus recommended every 10 years.)

____ Second MMR

____ Consent for treatment, signature needed. Parent's signature needed.

____ **Your cooperation will eliminate a possible WA Grade.**

____ Other

Please have medical requirements completed as soon as possible and forward same to me.

PRIOR TO REGISTRATION

For Office Use Only

Staff Initial _____

Rev. EK/15