



GEORGIAN COURT UNIVERSITY
THE MERCY UNIVERSITY OF NEW JERSEY

Health Services
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STUDENT HEALTH FORM

ALL STUDENTS ARE REQUIRED TO COMPLETE THE STUDENT HEALTH FORM AND SUBMIT IT TO HEALTH SERVICES BEFORE JULY 15 FOR FALL SEMESTER AND JANUARY 15 FOR SPRING SEMESTER

PLEASE PRINT ALL INFORMATION IN INK, except where a signature is required

Last Name _____ First Name _____

Maiden/Former Name _____ Date of Birth ____/____/____ Sex _____

Address _____
(Permanent Home) Street City/Town State Country

Zip _____

Phone: (HOME) _____ (CELL) _____

Email _____

The semester you will begin attending Georgian Court: Fall Spring Summer Year _____

PERSON TO NOTIFY *IN CASE OF EMERGENCY*

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

STATEMENT OF CONFIDENTIALITY

Health records at the Office of Health Services are confidential and will not be released without written authorization from the student or pursuant to government authorization. Immunization records are not considered confidential.

CONSENT FOR TREATMENT

By signature, I verify that the information on this form is true, and I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for me.

Signature Print Name Date

STUDENTS UNDER 18 YEARS OF AGE

I authorize Georgian Court University to administer medical services, immunizations and therapeutic procedures as deemed necessary by duly licensed personnel.

Parent or Guardian's Signature Relationship Date