

PRINCETON UNIVERSITY HEALTH SERVICES

McCosh Health Center

Princeton, NJ 08544

609/258-3141

INTERVAL MEDICAL HISTORY

For re-entering Students

Today's Date _____

CHECK APPROPRIATE SCHOOL:

_____ Princeton University Undergraduate, Previous Class _____

Returning Class _____

Date Left School _____

Name _____ Date of Birth _____

Home Address _____

Home Telephone Number _____

Emergency Contact Person _____

Telephone - Home _____ Work _____

To provide continuing care, Health Services needs to know pertinent new information in addition to that already in your record. For example, we want to know about any intercurrent medical and emotional problems that have occurred, surgical procedures undergone, and immunizations given, since you were last at Princeton.

MAIL THIS FORM TO:

UNIVERSITY HEALTH SERVICES

PRINCETON UNIVERSITY

PRINCETON, NJ 08544

609/258-3141

IF YOU HAVE QUESTIONS PLEASE CONTACT US (SEE ABOVE)

***THIS FORM SHOULD BE COMPLETED AND MAILED BACK TO HEALTH SERVICES
BEFORE THE STUDENT RETURNS TO CAMPUS.***

(Please turn over)

- 1) Reason for Leave:

- 2) Illnesses: List all changes in emotional and major medical problems (e.g. depression, eating disorder, infectious mononucleosis, and other potentially serious infections; do not list ordinary colds and minor flu-like episodes). Give dates, place, and reason(s) for any hospitalization.

- 3) Surgical Illnesses: List any major procedures. (It is not necessary to include minor laceration suturing or similar items, provided there was no significant functional impairment resulting from the injury.)

- 4) Are you aware of any new allergies or adverse reactions to medicines, drugs, and foods not previously noted in our health records? If so, please elaborate:

- 5) Any change in family or social situation? Describe:

- 6) When returning to Princeton after working in a health care setting, prison or homeless shelter for three or more months, a new Tuberculin test is required. Also students living for more than three months in high risk countries with tuberculosis should be tested. Students with past positive results should only have a new chest x-ray
PPD Date: _____ Result: _____

- Clinician
Signature _____ Date _____
Address _____
Phone _____

- 7) Please include copies of the immunization record for any vaccines received while away from campus.

COUNTRIES WITH AN INCIDENCE OF TB INSUFFICIENT TO REQUIRE MANTOUX TUBERCULIN SKIN TESTING AS A REQUIREMENT FOR SCHOOL ENTRY IN NEW JERSEY

Antigua and Barbuda
Australia
Austria
Barbados
Belgium
Bermuda
Canada
Cayman Islands
Cuba
Cyprus
Czech Republic
Denmark
Finland
France
Germany
Greenland
Grenada
Iceland
Ireland
Israel
Italy
Jamaica
Jordan
Lebanon
Luxembourg
Malta
Monaco
Montserrat
Netherlands
Netherlands Antilles
New Zealand
Norway
Oman
Puerto Rico
Saint Kitts and Nevis
San Marino
Sweden
Switzerland
Trinidad and Tobago
United Kingdom of Great Britain and Northern Ireland
United States of America
United States Virgin Islands