

ID# _____

**BERGEN COMMUNITY COLLEGE
HEALTH SERVICES RECORD/ROOM HS100**
healthservices@bergen.edu
Office: (201)447-9257 Fax: (201) 447-0327

Email: _____

_____/_____/_____ M / F _____
Last Name (Please Print) First Middle initial (circle) ID #

_____/_____/_____ / _____ / _____
Address: Street City State Zip Code

Telephone Home: _____ Work: _____ Cell: _____ Date of Birth: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____
Telephone Home: _____ Work: _____

Part A: Student Complete. Please answer all questions as completely as possible.

	Y	N	Explain/List/Date
1. Head injury / fainting / seizure?	—	—	_____
2. Eye injury/loss of vision?	—	—	_____
3. Broken bone?	—	—	_____
4. Hospitalization or surgery?	—	—	_____
5. Diabetes, Heart, Lung, Asthma, Cancer, or other serious illness?	—	—	_____
6. Anxiety / emotional / mental illness?	—	—	_____
7. Other health problems?	—	—	_____
8. Allergies: food/ medications / environmental	—	—	_____
9. Take any medications regularly?	—	—	_____

Part B: Health Care Provider/Physician Complete: Please indicate immunizations with dates. If an immunization is not given for medical reasons, please attach a signed statement with reason for exemption.

Immunizations: MMR#1, MMR#2 and MenACWY or MenA,B,C,W or Y vaccines are the minimum requirement for all part-time and full-time students, Hepatitis B vaccine series are minimum requirements for full-time BCC students.

Vaccine	Mo/Day/Yr	Blood test/titer (if applicable)
MMR#1 (age 1yr or older)	_____	
MMR#2 (30 days after#1)	_____	
Measles	_____	Measles IgG: _____ Date: _____
Mumps	_____	Mumps IgG: _____ Date: _____
Rubella	_____	Rubella IgG: _____ Date: _____
Hepatitis B Vaccine 1. _____ 2. _____ 3. _____		or HepB surface antibody titer or anti-HBs titer
MenACWY or Men ABCWY if under the age of 23 yrs.old	1. _____ 2. _____	

Exemptions – other than medical

No Exemptions for Nursing & Health Professions.

1. Religious – submit signed statement of conflict with religious belief.
2. Age-born before 1957-MMR
3. No age exemption – HepB

Signature: Health Care Professional/Physician: _____ Date: _____

Health Care Provider Name, Address and Stamp Printed: _____

FORM SUBMISSION LINK: <https://lf.bergen.edu/forms/hs0002>

ID# _____

BERGEN COMMUNITY COLLEGE
HEALTH SERVICES MEDICAL RECORD
healthservices@bergen.edu

Office: (201) 447-9257 Fax (201) 447-0327

E-mail: _____

THIS MEDICAL EXAM MUST BE RETURNED TO HEALTH SERVICES BEFORE STARTING CLASSES.
IF YOU ARE A NURSING AND HEALTH PROFESSIONS STUDENT, THIS MEDICAL EXAM MUST BE DATED, SIGNED AND
STAMPED WITHIN 6 MONTHS OF STARTING YOUR PROGRAM IN ORDER TO BE CLEARED FOR CLINICAL.

Part C:/page 2 Health Care Provider/Physician complete:

Patient's Name: _____ Date of Birth _____ Date: _____

Address: Street _____ City _____ State _____ Zip Code _____

Emergency Contact: Name _____ Telephone _____

Height: _____ Weight: _____ Blood/Pressure: _____ Pulse: _____ Respirations: _____ Temp: _____

Review of Systems:	No	Ab	Comments/Description
	rm	nor	
Skin	—	—	_____
Head, Ears, Nose, Throat	—	—	_____
Glands (cervical, axillary, inguinal)	—	—	_____
Eyes	—	—	_____
Chest	—	—	_____
Lungs (chronic bronchitis, asthma)	—	—	_____
Heart (murmurs, click, rhythm)	—	—	_____
Abdomen (Liver, spleen, masses)	—	—	_____
Musculoskeletal	—	—	_____
Metabolic/Endocrine	—	—	_____
Neurological/Neuropsychiatric	—	—	_____

Allergies to food or medicines: (Please list) _____

Medical condition(s) requiring ongoing care: _____

Clinical Impression based on history and physical exam: _____

MEDICATIONS:

Diagnosis:	Medication:

Recommendations: For this student:

- _____ May participate in physical activities
- _____ Needs health problems evaluated prior to participation in physical activities
- _____ Limit classroom and physical activities as follows: _____
- _____ No participation due to: _____

Comments or Recommendations: _____

Signature: Health Care Professional/Physician: _____ **Date:** _____

Health Care Address & STAMP: _____

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Please be advised that this information will not be shared. However, there may be a time when our Professional Staff may need to confer with other campus Professionals or appropriate health care providers in the event of an emergency.