



Graduate and Continuing Studies
State of NJ and Saint Elizabeth University Medical Requirements

TIME SENSITIVE REQUIREMENTS

DEADLINES:

FALL SEMESTER – DUE on or before August 15th
SPRING SEMESTER – DUE on or before January 15th

ALL HEALTH REQUIREMENTS MUST BE COMPLETED TO ATTEND CLASS
NON-COMPLIANCE WILL LEAD TO FINANCIAL FEES \$300 AND REGISTRATION HOLDS

Complete and upload to: <https://www.steu.edu/student-life/wellness-center/forms.html> or mail
Health Services – Founders Hall, 2 Convent Road, Morristown, New Jersey 07960
Phone: 973-290-4132 Fax: 973-290-4182

The student is responsible for ensuring that the physician completes all medical information, which can be mailed or faxed to Health Services. **READ and FOLLOW ALL INSTRUCTIONS CAREFULLY**

- REQUIRED FORM #1 - HEALTH FORM**
 - *Identification Data (include maiden name, if appropriate)*
 - *Emergency Information*

- REQUIRED FORM #2 – IMMUNIZATION RECORD**
 - *Physician to complete and sign*
 - *All students must fulfill the vaccine requirements prior to entrance*

- REQUIRED FORM #3 – MENINGITIS INFORMATION SHEET**
 - *All students must read the information about meningitis & the vaccine*
 - *All students must sign and submit the meningitis information sheet*

Immunization Records

Where can you obtain an acceptable record of immunization?

High school, college, university, healthcare provider, family records, employee health, state records

Acceptable Records?

*The Record must show exact dates (**month, day, year**) and be signed by your physician or health care provider.*

PLEASE NOTE: **Nursing, Foods and Nutrition, Psychology, Physician Assistant, Education Departments** require additional health information. Please contact these departments for further instructions. Nursing forms are available on the SEU website.

Immunization Requirements

- **MMR vaccines - REQUIRED**
2 doses MMR or 2 measles, 2 mumps, 2 rubella or evidence of immunity
 - Required of all students born after 1956+
 - First dose must be **after the 1st birthday and vaccines are acceptable after 1968**
 - Between the **two MMR** doses, a minimum of **28 days is required.**
 - Single dose vaccines are not manufactured any longer.
 - **Copy of lab** report for immunity done within **5 years**
 - *Equivocal titers are considered negative*
- **Hepatitis B vaccines - REQUIRED** for all students with 12 or more credits (recommended for others) **3 dose series for Recombivax (Merck) or Engerix-B (GSK)**
Or 2 dose series with Hepsilav-B (recombinant, adjuvanted)
 - Minimum of **4 weeks** between doses 1 and 2 (for 2 and 3 dose series)
 - Minimum of **8 weeks** between doses 2 and 3 (for 3 dose series)
 - Minimum of **16 weeks** between doses 1 and 3 (for 3 dose series)**Or Evidence of immunity**
 - **Copy of lab** report required for immunity
- **Meningitis Information Sheet – REQUIRED**

Highly Recommended and Optional Vaccines (please provide proof of immunization)

- Meningitis serogroup B: All students 23 years or younger
- Tdap: vaccine: 1 dose within 10 years and completed primary series
- Polio vaccine: Completed primary series
- Hepatitis A: Recommended by the CDC (6-12 months between doses 1 and 2)
- Varicella vaccine: **REQUIRED** for Nutrition, PA and Nursing programs
- HPV vaccine
- Flu vaccine: Seasonal
- COVID-19 vaccine

These vaccines are not required, however, they promote preventive health care and management, please consult your physician for further information.

COMPLETED RECORDS MUST BE RECEIVED IMMEDIATELY

FALL SEMESTER - DUE on or before August 15th SPRING SEMESTER - Due on or before January 15th

Upload Records to: <https://www.steu.edu/student-life/wellness-center/forms.html>

Health Services - Founders Hall

Saint Elizabeth University

2 Convent Road

Morristown, NJ, 07960

PHONE: 973-290-4132 FAX: 973-290-4182

EMAIL: immunization@steu.edu

*Note: Medical records are strictly confidential and are used exclusively by the Student Health Service as required by Federal and State Law. **Be aware immunization records are an exception and are not confidential.** Your immunization records will be made available to state inspections and select university offices.*

Psychological and Accessibility Services

The medical records that you and your physician complete will be accessible **only to SEU Health Services staff** due to state and federal privacy laws (HIPAA). They cannot be shared with any Saint Elizabeth University departments without proper permission as required by law.

If you require accessibility accommodations, please reach out directly to the Accessibility Services Coordinator, at 973-290-4261.

Mental Health Services are available to ALL students. If you need services, please visit the Counseling Services website: <https://www.steu.edu/student-life/counseling-services>

Should you choose to sign a release of information form, the above service areas can coordinate your care. For further details or questions, please contact the individual offices.



REQUIRED FORM #1 – HEALTH FORM Identification Graduate /Continuing Studies

Health Services Founders Hall - 2 Convent Road - Morristown, NJ 07960
 Phone Number: 973-290-4132 Fax Number: 973-290-4182

IDENTIFICATION DATA

Name _____ / /
 Last /Maiden name First Middle Date of Birth

Home Address _____
 Street City State Zip Code

Country of Origin _____ Telephone _____ / _____
 cell home

Email _____ @ _____ Program/Degree _____ Credits# _____ First Semester Enrolled ____/____
 Expected Graduation Date ____/____ MM/YY MM/YY

Freshman ____ Transfer ____ SEU Leave of Absence ____/____ SEU Withdrawal ____/____ SEU Dismissal ____/____
 MM/YY MM/YY MM/YY

HEALTH INSURANCE COVERAGE Please include a **copy** of your **present health insurance card front and back.**

Insurance Company Address Group and Policy#

Subscriber's Name Subscriber's DOB Subscriber's SS

EMERGENCY INFORMATION – contact to be notified in case of emergency

Name _____ Relationship _____

Home Address _____ Tel.# _____
 Home work/cell

Please list another person who can be contacted in case the above person cannot be reached.

Name _____ Relationship _____ Tel.# _____

SOURCES OF HEALTHCARE

List the names, addresses and telephone numbers of Physicians, psychologists, or other health care providers you now consult.

Name/specialty
Address
City, State
Telephone Fax

Name/specialty
Address
City, State
Telephone Fax

REQUIRED FORM #2 – Immunization Record *START IMMEDIATELY – TIME SENSITIVE REQUIREMENTS!*

SAINT ELIZABETH UNIVERSITY GRADUATE/CONTINUING STUDIES STUDENTS

Name _____ Class (year) _____ Date of Birth ___/___/_____

REQUIRED VACCINES

READ ALL INSTRUCTIONS CAREFULLY

	Dates Given	Saint Elizabeth University and NJ State Requirements
MMR	#1 ___/___/___ #2 ___/___/___ 1 st dose given after 1 st birthday. Minimum of 4 weeks between doses	2 doses or <i>positive titers</i> <i>(must include copy of lab report within five years)</i> Equivocal titers are considered negative Option of combined MMR OR 2 individual vaccine doses Single dose vaccines are not manufactured any longer
or Measles Mumps Rubella	#1 ___/___/___ #2 ___/___/___ OR Positive Titer Date: ___/___/___ lab report required #1 ___/___/___ #2 ___/___/___ OR Positive Titer Date ___/___/___ lab report required #1___ /___/___ #2___/___/___ OR Positive Titer Date: ___/___/___ lab report required	
Hepatitis B (REQUIRED for students taking 12 or more credits)	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ OR Positive Titer Date: ___/___/___ lab report required <input type="checkbox"/> Energix B <input type="checkbox"/> Recombivax B <input type="checkbox"/> Heplisav B	

HEALTH CARE PROVIDER

_____/_____/_____
 Signature _____ Print Name _____ Date _____

 Address _____ City _____ State _____ Zip _____

 Fax _____ Telephone _____

Send Records by mail, fax or upload to: Send Records by mail, fax or upload to:
<https://www.steu.edu/student-life/wellness-center/forms.html>
 Saint Elizabeth University
 Health Services - Founders Hall
 2 Convent Road, Morristown, N.J. 07960
PHONE: 973-290-4175 or 4132 **FAX:** 973-290-4182

REQUIRED FORM 3 – Meningitis Information Sheet

REQUIRED FOR ALL STUDENTS

Meningococcal Disease among College Students

(Read about meningitis and the vaccine on the VACCINE INFORMATION STATEMENT)

In accordance with New Jersey State Law and Saint Elizabeth University, all college students must complete and return this form to the address below.

- 1) The University is to provide information about meningococcal meningitis, the disease, its severity, causes, disease prevention, treatment and the availability of the vaccine to prevent disease to all their students prior to matriculation (please see attached Meningococcal Disease Information Statement)
- 2) Meningitis Vaccine recommendations are as per **The Center for Disease Control (CDC)** and **The Advisory Committee on Immunization Practices (ACIP)**. Read this information on the Vaccine Information Statement, “Who should get Meningococcal vaccine and when.”
- 3) The University is to document the student's receipt of the meningococcal information and their decision whether or not to receive a meningitis vaccine.

Students may go to their private physician or other healthcare provider for administration of the meningitis vaccine. Arrangements can be made with Saint Elizabeth University Health Services for administration of the meningitis vaccine, if needed.

Complete and Sign all indicated below:

Yes No I have received information (What you need to know Vaccine Information Statement) about meningitis, the vaccine, and its availability.

Yes No I have received the meningococcal (serogroup ACWY) vaccine. See Vaccine Information Statement as to Meningococcal vaccines what you need to know.

Date #1 ___/___/___ #2 ___/___/___

Yes No I have received the meningitis (serogroup B) vaccine. See Vaccine Information Statement as to Serogroup B Meningococcal vaccine: what you need to know

Date #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Yes I have read the information regarding meningococcal meningitis disease. I understand the risks and benefits of immunization against meningococcal meningitis. I have decided at this time that I will NOT obtain the immunization against meningococcal meningitis disease. I understand that I may choose in the future to be immunized against meningococcal meningitis.

Name (please print) _____ **Date** _____

Signature _____

(If student is under the age of 18 a parent's or guardian's signature is required)

This signature shall become part of the student's health record and is being required by New Jersey law, P.L. 2000c25

Send or upload this required form to:

<https://www.steu.edu/student-life/wellness-center/forms.html>

Saint Elizabeth University
Health Services - Founders Hall
2 Convent Road

Morristown, NJ 07960

PHONE: (973) 290-4132, 4175 **FAX:** (973) 290-4182

Email: immunization@steu.edu

Authorization to Release Medical and Immunization Records to the Saint Elizabeth University Health Services



Date _____

Student Name _____

Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ - _____ - _____

I request and authorize (High School, University, Healthcare Provider, School Nurse)

_____ to

release (check all those that are indicated)

Immunization Records

Medical Records

to Health Services at Saint Elizabeth University. Please forward my records to:

Saint Elizabeth University
Health Services – Founders Hall
2 Convent Road
Morristown, NJ 07960
Attention: Shaleah Mitchell, Medical Records Coordinator

If you wish, you may upload the information to steu.edu/medregs or fax the information to (973) 290-4182. Questions/Concerns, please call (973) 290-4132.

Signature /Date _____

Name of Parent or Guardian (if under 18) _____

Signature of Parent or Guardian (if under 18) _____

Relationship to patient _____