

# DAEMEN CLINICAL HEALTH FORM (AMHERST CAMPUS)

8230 Mail: 4380 Main St. Box #104 Amherst, NY 14226

## PART 1 – STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	ANTICIPATED GRADUATION YEAR
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## PART 2 – RECORD OF IMMUNIZATIONS FOR VERIFICATION

Students may take this form to their medical provider to complete, sign or stamp. Alternatively, students may submit health records from a previous school, medical provider or government agency. All health records must be submitted in English

### Measles, Mumps, Rubella (MMR), Meningococcal

As required (attach lab report with A of titer, ~~result~~ result)

Hepatitis declination note: clinical sites may require vaccination

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