

DAEMEN CLINICAL HEALTH FORM (AMHERST CAMPUS)

SUBMISSION OPTIONS Online (preferred) : daemen.edu/healthupload
Fax: 716-839-8230 U O D 4380 Main St. Box #104 Amherst, NY 14226

PART 1 – STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PREFERRED PHONE (TH AREA CODE)
' AT ' PA ' PT ' NUR	' SU ' FA ' SP ' year 1 (PA)			
ACADEMIC PROGRAM	CLINICAL SEMESTER(S)			ANTICIPATED GRADUATION YEAR

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 immunization and health records from a previous school, medical provider or government agency. All health records must be submitted in English.

Measles, Mumps, Rubella (MMR)

As required by NYS Public Health Law 2165 students submit proof of immunity upon admission to the college. Please contact the Daemen College Health Services at (716) 839-1916 (local 7711).