



St. Bonaventure University

Mandatory Health Evaluation Forms

and

Immunizations for Undergraduate Students

(6 credit hours or more)

Forms due:

Fall Semester: **July 25, 2015**

Spring Semester: **January 1, 2015**

Please return completed forms to:

St. Bonaventure University
The Center for Student Wellness 127 Doyle Hall
PO Box 2469
St. Bonaventure, NY 14778
Phone 716-375-2310
Fax 716-375-7892
Email: mbova@sbu.edu

Date of Birth ___/___/___

Gender: Male ___

Female ___

Check All that Apply

___ Freshmen

___ Transfer

___ Athlete

Sport _____

___ Residential Student

___ Commuter

Please check one:

___ Fall Semester Year _____

___ Spring Semester Year _____

___ Summer Semester Year _____

Please Print or Type

Name Last _____ First _____ Middle _____

Home Address Street _____ City _____ State _____ Zip _____

Phone Home _____ Student's Cell _____

Person to be Notified In Emergency _____ (Relationship) _____

Phone Home _____ Cell _____ Business _____

Health Care Provider; Doctor/NP/PA Name _____ Phone _____

Address Street _____ City _____ State _____ Zip _____

Insurance Information:

1.) Are you covered by health insurance? () yes () no

() Covered through parent or family policy () Individual policy holder

2. Please complete the information below or attach photocopy of insurance card (front and back)

NAME OF INSURANCE COMPANY _____

Address of insurance company _____

City _____ State _____ Zip _____ Phone _____

Policy Holders Name _____ Policy Holders Date of Birth ___/___/___ Relationship _____

Telephone _____ Place of employment _____

POLICY IDENTIFICATION NUMBERS:

ID Number _____

Group Number _____