

STUDENT MEDICAL REPORT FORM

This document is MANDATORY for all incoming students. Please send all forms to the health office prior to the deadline date. A failure to do so will result in an academic hold and the inability to register for classes. All information attained from the Student Medical Report Form is confidential and only viewed by the medical staff in the Student Health Center. The information in this document will not be released to anyone without consent. A consent to release medical information form must be signed by the student for the medical staff to speak with any other party about any medical care provided or any health history.

**PLEASE MAIL ALL FORMS TO STUDENT HEALTH CENTER – 201 Wood St., Pittsburgh, PA 15222.
OR EMAIL IN PDF FORM TO Studenthealth@pointpark.edu**

Term of Entry: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Year 20____ Freshman <input type="checkbox"/> Transfer <input type="checkbox"/> Readmit <input type="checkbox"/>	Housing status On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/>	Fall Deadline : August 1 Spring Deadline : Jan 1
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Student Demographics

Please complete all pages and print legibly

Last Name	First Name (official)	Middle Name
Preferred Name	DOB	Gender
Student personal phone number		Student ID
School Address <i>(Please identify which dorm building)</i>		
Home Address <i>(City, State, Zip)</i>		International? Yes <input type="checkbox"/> No <input type="checkbox"/> Country :
Student Email address		
Student athlete : Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what team?	Major	

Primary Care Physician

Name	Phone #
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Emergency Contact

Name	Relationship
Phone Number	

Name	Relationship
Phone Number	

Needs Assessment

The success of our students depends on many factors. Part of our commitment to wellness at Point Park University is to ensure students have access to the correct resources. Use the form below to help us meet the needs of our students. If you designate a need, we will provide the corresponding office's information on its services and how to access them. This information is kept confidential.

Do you need assistance transferring prescription medications to Pittsburgh for refills? No Yes

Have you struggled with or do you currently struggle with any mental health challenges? No Yes If yes, please describe: _____

Would you be interested in connecting with the University Counseling Center? No Yes

In the past, have you had any accommodations for any disability in school? No Yes If yes, please describe _____

Do you plan to request accommodation at PPU? No Yes *If yes, be advised that to request medical or other reasonable accommodations individuals must register with Accessibility Services and provide all necessary documentation to Accessibility Services by July 1, 2024.*

Do you need assistance contacting Accessibility Services? No Yes

Do you have difficulty affording food? No Yes

Do you have difficulty affording hygiene items like soap, laundry detergent, menstrual care products? No Yes

Do you have difficulty affording any technology items that could impact your learning such as Wi-Fi, a computer, etc.?

No Yes

Are you a veteran? No Yes

Do you need help accessing veteran services or care? No Yes If yes, please describe: _____

Do you have any spiritual concerns or needs? No Yes If yes please describe: _____