

# Monroe Community College

## Health Services

1000 East Henrietta Rd  
Rochester, New York 14623-5780  
Telephone (585) 292-2510  
Fax Number (585) 292-3856

### Attention Students in a medical program:

1. All students in a medical program are required to complete a Health Reassessment for their clinical practice. This requires your prompt attention. **Failure to complete the enclosed Health Reassessment form will cause you to be restricted from clinical experience.**
2. All Students in a medical program are required to **update their PDD on a yearly basis. Failure to update your PPD will cause you to be restricted from clinical experience.** If you have had a recent tuberculin skin test (PPD) enclose verification of test, date and result with the enclosed Health Reassessment Form.
3. If you need a tuberculin skin test, this can be done by your health care provider or at Health Services any weekday except Thursday.
4. Health Services is open every weekday from 8:45 a.m. – 4:45 p.m., and is located in Building 3, Room 165.

Questions - Please call (585) 292-2512.

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Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Medical Program \_\_\_\_\_

Instructions: Please complete the following form in ink. Be sure to sign and date the form and mail, fax or bring to Health Services Building 3 Room 165.

	Y	N
Have there been any changes in your health status in the past year?	<input type="checkbox"/>	<input type="checkbox"/>

If yes describe any changes in your health status:

\_\_\_\_\_

During the past year:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you been hospitalized   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you developed any condition that would interfere with your ability to perform your responsibilities in the clinical area? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Identify all medications you are presently taking \_\_\_\_\_

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I attest to the truthfulness of the above statements

Name \_\_\_\_\_ Date \_\_\_\_\_