

Student Health Service • Division of Student Affairs 1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415 healthservice@newpaltz.edu

Urine Screening for Gonorrhea and Chlamydia

Name		DOB	
Student ID#	Allergies		
Insurance information:			
Primary Insurance Company Name			
Member ID #			
Policy Holder's Name			
Student Relationship to Insured:	Dependent	Self	Spouse

If you have any symptoms you will need to be evaluated by a provider. If so, please call Student Health Service to set up appropriate care.

By signing this form, I agree that I have read and understand the above. I am requesting testing for Chlamydia and Gonorrhea without a Provider appointment. I DO NOT have symptoms at this time.

FOR OFFICE USE ONLY:		
DATE	TIME	
When did you last urinate?	Less than one hour ago	
	Greater than one hour ago	
Specimen collected and sent to lab		
Patient advised to call SHS in 4 days if we have not already contacted them.		