



New York University Health Center
Primary Care Services
 726 Broadway, 4th Floor
 (212) 443-1132

NEW YORK UNIVERSITY HEALTH CENTER WAIVER FORM

Name: Last First Middle Initial Age: Date of Birth

Address: Street Name and Number Apt.

City State Zip Code

Phone: Day Evening

- Object code 100 (administrative and professional)
- Object code 106 (office support)
- Object code 104 (technical)
- Object code 107 (service and security)

Department at NYU Job/Object Code

I understand that the Physical Examination performed today is a pre-employment physical only and is NOT to be considered a substitute for total medical care. I am providing the name, address and phone number of my private healthcare provider. I further understand that it is my responsibility to follow up any abnormal physical exam findings, laboratory test results and/or diagnostic test results with my private healthcare provider. I authorize and release the medical findings on today's medical evaluation, should there be any abnormalities, to be sent to my private healthcare provider.

Signature: Date:

Name of Private Healthcare Provider:

Address of Private Healthcare Provider:

Phone Number of Private Healthcare Provider: FAX Number: