



**PHYSICAL EXAMINATION & HISTORY**

Last Name	First Name	Student ID #
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Review of Systems / Medical History please check all that apply			
Abnormal Bleeding		Hepatitis	
Allergies Latex,		Hemiparesis	
Anemia		High Blood Pressure	
Anxiety		High Cholesterol	
Arthritis		Intestinal / Stomach T	
Asthma		Low Back Condition / Scoliosis	
Cancer of		Mononucleosis	
Chest Pain		Neck Condition	
Chronic Cough		Neurological Disorder	
Concussion / Head Injury		Orthopedic Disorder	
Motional Disturbance		Orthopedic Surgery	
Depression		Rheumatic Fever	
Diabetes		Skin Disorder	
Ear Trouble / Hard of Hearing		Skin Lesions	Q q 29784 584 22524
Eating Disorder		Sinus Problems	
Eye Trouble / Vision		Skin Disease	
Fracture of _____		Splenectomy	
Gallbladder Disease		Sprain of _____	
Headaches / Migraines		Syncope / Fainting	
Heart Murmur or Arrhythmia		Thyroid Disease	
Heart Problems (other)		Tuberculosis	

Mantoux PPD Tuberculin Test and/or Required annual 1 with past 2 months			
PPD Test Date	Attach supporting documentation		
Date & Time Administered	Administered by		
Manufacturer of PPD	Expiration Date	Lot Number	
Date Read	Read by		
Results in Millimeters of Induration	If results are positive or restricted from a PPD due to the BCG vaccine, chest X-ray is required		
Chest X-ray Date	Attach Results of Chest X-ray	Examiner's Initials	

Information detailed on this Medical History and Physical Examination form is legally privileged and confidential. It is intended for use by the Health Science program unless written consent has been provided for release to other parties.



EDW  
MEDICAL HISTORY & PHYSICAL EXAMINATION

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Examiner : Please examine this student 26 (h) (o) 49 (t) (f) (am) (n) (t) (us) 8 (t) (i) 31 (w) 9w

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