LAST NAME	FIRST NAME:	INITIAL:	MARITAL SATUS SINGLE DIVORCED MARRIED NO CHILDREN

HEALTH RECORD

ADDRESS: (STREET, CITY, ZIP)	
TELEPHONE:	WHAT ARE YOU STUDYING TO BE?
NAME AND ADDRESS OF FAMILY DOCTOR/CLINIC:	STUDENT ID NUMBER:
DATE OF BIRTH:	LAST HIGH SCHOOL ATTENDED (NAME, CITY, STATE):

UNDERLINE DISEASE YOU HAVE HAD:

ANEMIA	NERVOUS BREAKDOWN
ASTHMA	PLEURISY
APPENDICITIS	PNEUMONIA
BLACKOUTS	POLIO
BRONCHITIS	RHEUMATIC
CHICKEN POX	RHEUMATIC FEVER
DIABETES	SCARLET FEVER
DIPTHERIA	SMALL POX
EPILEPSY	SICKLE CELL
HAY FEVER	SINUSITIS
EAR PROBLEM	TONSILITIS
HEART TROUBLE	TYPHOID FEVER
JAUNDICE	THYROID DISORDER
KIDNEY PROBLEM	TUBERCULOSIS
LARYNGITIS	ULCER
MUMPS	VARICOSE VEINS
MEASLES	WHOOPING COUGH

FAMILY HISTORY: UNDERLINE AND NOTE RELATIVE

TUBERCULOSIS
NERVOUS BREAKDOWN
DIABETES
CANCER

WHAT VACCINATIONS OR TESTS HAVE YOU HAD? WHAT YEARS?
□ SMALL POX _____ □ TETANUS _____ □ CHEST X-RAY _____ □ POLIO _____

SERIOUS ILLNESSES:

OPERATIONS:

LIST YOUR MAJOR INJURIES:

ALLERGIES:

A complete physical examination including labs is required every two (2) years unless otherwise Specified by affiliated hospital contracts.

PHYSICAL EXAM: DATE:			ADDITIONAL DATA – SUMMARY - RECOMMENDATIONS
GENERAL APPEARANCE:	HEIGHT	WEIGHT	
POSTURE			
SKIN:	BACK:		
EYES: PERLA:	RETINA:		
EARS: R L	HEARING:		
NOSE AND THROAT:			
TEETH: GUMS: DENTAL HYGIENE			□ FREE OF COMMUNICABLE DISEASES – DOES NOT CREATE HAZARD TO SELF OR OTHERS
GLANDS: THYROID			□ APPROVED AND RECOMMENDED FOR MEDICAL ASSISTING PROGRAM
LUNGS:			□ NO APPROVED – SEE ABOVE
HEART:			□ APPROVED PENDING AS ABOVE
PULSE:			EXAMINED BY: ,MD
ABDOMEN:			NURSE PRACTITIONER
ENDOCRINE SYSTEM:			LICENSE NO:
NERVOUS SYSTEM:			ADDRESS & PHONE NO.
BLOOD PRESSURE:			

STUDENT'S NAME (Print) _____ Student ID #: _____

	Date	Results	Dr. Signature/Address/Phone Number
(*Required for MA Program)			
*Tuberculin Skin Test			
OR			
Chest X-ray			
Rubella (Measles)			
(Titer/Vaccine)			
Varicella (Chicken Pox)			
(Titer/Vaccine)			
*Rubella			
(Titer/Vaccine)			
*Hepatitis B			
(Titer/Vaccine)			
*Mumps			
(Titer/Vaccine)			

Polio (All students enrolled in health related courses are encouraged to ascertain that they are immune to poliomyelitis.)

*Diphtheria/Tetanus (Series of two, one month apart. Boosters in one year, then repeat in ten years. If you had series as a child, All you need is the booster).

*Drug Screen (with Lab results) _____ _____ _____

IF THE TITER IS NEGATIVE, A VACCINE WILL BE REQUIRED. THEN A REPEAT TITER AS DESIGNATED PER MEDICAL PROTOCOL.

COPIES OF ALL LABORATORY REPORTS ARE REQUIRED.