

MEDICAL HISTORY & EXAMINATION FORMS

Medical Examination (To be completed by the Student)

1. Name _____ Sex _____ Age _____
(Last Name First)

2. Race _____ Birthplace _____ Country of Parents _____

3. Smoking history: Have you ever smoked? Yes No If yes, how many packs/day? _____
 How long did you smoke? _____ When did you quit? _____
(Month) (Year)

4. Alcohol history: Did you ever drink? Yes No If yes, how much/week? _____
 How long did you drink? _____ Years I quit drinking _____
(Month) (Year)

5. Drug history: Have you ever taken drugs? Yes No Names of drugs: _____
 How much/week? _____ How long? _____ Yrs. I quit _____
(Month) (Year)

6. Are you a vegetarian? Yes No How long? _____ Months or _____ Yrs.

7. Do you get regular exercise? Yes No Hrs./Wk _____

What kind of exercise? _____

8. Insert the year of occurrence for any of the following conditions you have had. Insert family relationships for any of the following conditions a family member has had.

Alcoholism -	Emotional prob. -	Kidney disease -	Rheumatic fever -
Arthritis -	Emphysema -	Nervous prob. -	Stroke -
Asthma -	Epilepsy -	Parasites -	Tuberculosis -
Bronchitis -	Heart disease -	Peptic ulcer -	Venereal Disease -
Cancer -	Hernia -	Pneumonia -	Other -
Diabetes -	Jaundice -	Poliomyelitis -	

9. List operations, accidents, and major illnesses for which a doctor's care was required and the year of each:

Report of Physical Examination
(To be completed by Student's Physician)

1. Height _____ Ft. _____ In. _____ Weight _____ Lbs. Blood Pressure _____ MmHg.
2. Vision: Uncorrected RE 20/ _____ LE 20/ _____ Corrected RE 20/ _____ LE 20/ _____
3. Pulse rate: Resting _____ After exercise _____ Three minutes after exercise _____

Normal	Clinical Evaluation	Abnormal	Comments
	4. Head, face, neck & scalp		
	5. Nose & sinuses		
	6. Mouth & throat		
	7. Teeth		
	8. Ears (+ drums)		
	9. Eyes		
	10. Lungs & chest		
	11. Heart & vascular system		
	12. Abdomen & viscera		
	13. Anus & rectum		
	14. Endocrine system		
	15. GU system		
	16. Extremities		
	17. Feet		
	18. Musculo - skeletal		
	19. Skin & lymphatic		
	20. Neurologic		
	21. Emotional		

22. Urinalysis : Sp.Gr. _____ Albumen _____ Sugar _____ Microscopic _____
23. Hemoglobin _____ PPD skin test : Date _____ Result _____
24. I attest that this individual is in overall good health and is free of any communicable diseases.

Name of student: _____ Signed _____, M.D.

Print name of physician _____ Dated _____ 20__

Mailing address: _____

