

STUDENT HEALTH EXAM REPORT

To be completed by a medical provider.

Name of Student: _____ Male Female Date of Birth: _____

Past Medical History:

Current Health History

Current Medical Conditions:

Current Medications:

Allergies: Yes No

If yes, please list below:

Medications: _____ Food: _____ Other: _____

History of Anaphylaxis to: _____ EpiPen Yes No

Physical Examination

Height (ft): _____ Weight (lbs.): _____ BMI: _____

Blood Pressure: _____ Pulse: _____ Temperature: _____

Vision: Uncorrected RE 20/ _____ LE 20/ _____ Corrected RE 20/ _____ LE 20/ _____

Please indicate if the physical exam of each below is normal or abnormal. If abnormal, please describe.

General		Heart	
Skin		Abdomen	
HEENT		Extremities	
Dental/Oral		Neurologic	
Lungs		Other	

The entire examination was normal:

Tuberculosis Testing

(Please choose one of the options below.)

PPD Skin Test: Date _____ Result _____

Chest x-ray: Date _____ Result _____

Laboratory Results

(Please attach results for ALL of the following and indicate if it is normal or abnormal.)

Complete blood count Normal Abnormal

Basic metabolic panel Normal Abnormal

RBG Normal Abnormal

Urinalysis Normal Abnormal

If abnormal, what recommendations were given and/or follow-ups were done?

Based on your evaluation, are there any work-related restrictions for this student? If so, please explain.

Medical Practitioner:

By signing below, I acknowledge the accuracy of the information documented on the Health Examination Report.

Name: _____

Date: _____

Signature: _____

Stamp:

Mailing Address: _____
