MEDICAL EXAMINATION REPORT FORM

Wildwood
CENTER FOR HEALTH EVANGELISM

To be completed by a medical provider.

Name of Student: _____ ☐ Male ☐ Female

Date of Birth (MM/DD/YYYY): _____ Age:_____

Past Medical History:

_____

_____

_____

Current Health History

Current Medical Conditions:

_____

_____

_____

Current Medications:

_____

_____

_____

Allergies: ☐ Yes ☐ No *If yes, lease list below:*

Medications: _____ Food:_____ Other:_____

History of Anaphylaxis to: _____ EpiPen ☐ Yes ☐ No

Physical Examination

Height: _____feet_____inches Weight: _____pounds BMI:_____

Blood Pressure: _____ Pulse Rate: _____ Pulse Rhythm: _____

Temperature: _____ Oxygen Saturation: _____ Respiratory Rate: _____

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

(Please check the body systems for any abnormalities)

Skin	☐ Normal ☐ Abnormal	Neurologic	☐ Normal ☐ Abnormal
Eyes	☐ Normal ☐ Abnormal	Lungs/Thest	☐ Normal ☐ Abnormal
Ears	☐ Normal ☐ Abnormal	Abdomen	☐ Normal ☐ Abnormal
Mouth/Throat	☐ Normal ☐ Abnormal	Genito-urinary	☐ Normal ☐ Abnormal
Cardiovascular	☐ Normal ☐ Abnormal	Musculoskeletal	☐ Normal ☐ Abnormal

(Please discuss any abnormalities in detail in the following space)

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_____

_____

_____

_____

Tuberculosis Testing

(Please choose one of the options below.)

1. TB Skin Test: Date _____ Result _____

2. TB Blood Test (choose only one of the blood tests below and indicate which was done)

a) ☐ QuantiFERON® - TB Gold Plus (QFT-Plus) b) ☐ T-SPOT® .TB test(T-Spot)

Date _____ Results (please attach results)

Comment on any abnormalities and additional test results if indicated. Please attach results.

_____

_____

_____

Laboratory Results

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

Complete blood count ☐ Normal ☐ Abnormal

(RBC count, hemoglobin, hematocrit, MCV, MCH, MCHC, WBC count and differential, platelets)

Metabolic panel ☐ Normal ☐ Abnormal

(glucose, sodium, potassium, chloride, bicarbonate, blood urea nitrogen, creatinine, calcium, albumin, total protein, ALP, ALT, AST, bilirubin)

Urinalysis ☐ Normal ☐ Abnormal

(pH, blood, glucose, bilirubin, protein, appearance, microscopy)

If any of the laboratory results above were noted to be abnormal, what recommendations and/or follow-up were given?

_____

_____

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

_____

_____

_____

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I have performed this medical evaluation and I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Signature of Medical Examiner:_____

Name of Medical Examiner: _____

Medical Office/Facility: _____

Address: _____

Telephone Number: _____

Date (MM/DD/YYYY): _____

Medical License or Registration Number: _____

☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner

Stamp (if available):