

HEALTH CENTER MEDICAL RECORD

Student's Medical records are confidential and are kept under secure conditions. They are used only by authorized personnel for the purpose of furnishing counseling service and assistance.

STUDENT'S									
NAME	First			Middle		Former			
ADDRESS	THSt			Wildule		ronner			
No. Street	City			State	2	Zip Code			
HOME TELEPHONE NO:		DA	ATE C	OF BIRTH	SOC. SEC. NO)			
IN CASE OF EMERGENCY NOTIFY:_		PHONE:							
PERSONAL HISTORY									
CHECK AND DESCRIBE BELOW:									
CONDITION		YES	NO	(CONDITION	YES	NO		
ALERGIES ASTHMA CANCER, CYSTS, TUMOR, ETC. CONVULSIONS OR EPILEPSY DIABETES DRUG HABIT EARS EYES FAINTING GASTRO-NTESTNAL				HEART INJURIES KIDNEY MUSCULO-SKE NERVOUS RHEUMATIC FI THYROID TUBERCULOSIS VENEREAL DIS	EVER S				
/DATE									
CHECK BOX IF ANY PHYSICAL HAN A. UWHEELCHAIR BOUND B. BLIND OR PARTIALLY SIGHT C. USE BRACES AND CRUTCHES E. NEUROLOGICAL IMPAIRMEN F. SPEECH IMPEDIMENTS G. OTHERS – DESCRIBE:	ED 5 TS (PC	DLIO, C		BRAL PALSY, E	,				
DESCRIBE DISABILITY BRIEFLY: _									

Rev. 3/2019

		PHYSICAL EXAMI	NATION				
		(TO BE COMPLETED BY A LICE	ENSED PHYSICIAN)				
	TUBERCULIN PPD						
HEIGHT	IN. WEIGH	ITLBS. VISION O.D CORR.	(MANTOUX TEST). DATE RESULT				
		O.S. CORR. CH	IEST XRAY: DATE: RESULT				
			IEST XRAY: DATE: RESULT Month Year				
B.P	/	mmHg. PULSE/min.					
Hgb		Gm.%					
NORMAL	ABNORMAL		REMARKS – DESCRIBE ABNORMALITIES ONLY				
		HEAD & NECK					
		NOSE AND SINUESE					
		MOUTH AND THROAT					
		GUMS AND TEETH					
		EYES					
		EARS, HEARNG					
		CHEST, BREASTS, LUNGS					
		HEART					
-		VASCULAR SYSTEM					
-		ABDOMEN AND VISCERA					
-		HERNIA					
		ANUS AND RECTUM					
		SPINE AND MUSCULOSKELETAL					
		GENITO-URNARY SYSTEM					
		SPINE AND MUSCULOSKELETAL					
		SKIN-IDENTIFYING MARKS, SCARS,					
		TATTOOS NEUROLOGIC					
		PSYCHIATRIC					

IS THERE ANY EMOTIONAL, MENTAL OR PHYSICAL CONDITION FOR WHICH THIS STUDENT IS UNDER MEDICAL OBSERVATION AND/OR TAKING MEDICATION: YES NO SPECIFY:

PHYSICIAN'S NAME (PRINT)

SIGNATURE

ADDRESS _____

DATE OF EXAMINATION:

ATTENTION: NURSING STUDENTS, SURGICAL TECH, EMS, PARAMEDIC, PSG

Pursuant to section 405.3 (b) of the New York State Hospital Codes, the following Statements of Physical Examination is required:

I have examined ______ on _____

Based on my physical examination and the patient's medical history, I believe that the above-referenced is free from a health impairment which is of potential risk to patients or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

Physician's signature

License number

(PHYSICIAN'S STAMP)