

Cowley College

Complete this side of the form. Your physician, Physician Assistant or Advanced R.N. Practitioner (ARNP) will complete the other side. Bring the fully completed form to class on the first day – do not mail to the college.

Name _____ Age _____

Address _____

Parent/Spouse Address _____

Name and address of Family Physician _____

FAMILY MEDICAL HISTORY (to be completed by student)

Relation	Age	State of Health	Age at Death	Cause of Death	Any blood relative have
Father					Asthma
Mother					Cancer
Brothers					Diabetes
					Hay Fever
					Heart Disease
					Mental Illness
Sisters					Kidney Disease
					Tuberculosis

STUDENT'S MEDICAL HISTORY (Check if applicable)

Mumps _____ Jaundice _____ Chickenpox _____ Heart Disease _____ Epilepsy _____
 Hay Fever _____ Measles _____ Rheumatic Fever _____ Diabetes _____
 Emotional Problems _____ Chemical Dependency _____ AIDS _____ Hepatitis _____
 Herpes _____ Alcohol Dependency _____

Other Illnesses: _____

Past Operations: _____

Allergies (specify) drugs, foods, plants: _____

Injuries: _____

Medications taken regularly: _____

I verify that the information above is accurate. _____

Student Signature

PHYSICAL ASSESSMENT

(to be filled in by the Physician, PA or ARNP)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision: R 20/ _____ corr. to 20/ _____ Hearing: R ear _____

L 20/ _____ corr. to 20/ _____ L ear _____

Color Vision _____

When was your last dental exam? _____

Check each item in appropriate column and describe abnormalities:

	Norm	Abnorm	Notes
Head, scalp, face, neck, thyroid			
Nose and sinuses			
Throat and tonsils			
Ears (int. & ext., canals)			
Lungs and chest (breasts)			
Heart (rhythm, sound, murmurs)			
Abdomen and viscera (optional)			
Genitalia (optional)			
Back, other musculo-skeletal			
Neurologic			

Result of TB Skin Test: _____

CBC Results: _____

Urinalysis Results: _____

Recommendations: _____

In my opinion, this person should be able to meet the physical and psychological demands

Date

Physician, PA or ARNP Signature