

SOUTH COLLEGE SCHOOL OF PHARMACY STUDENT HEALTH AND MEDICAL HISTORY



DATE: _____

STUDENT INFORMATION

NAME: _____ PROGRAM OF STUDY: _____

CURRENT ADDRESS:

STREET

CITY, STATE, ZIP CODE

PHONE

E-MAIL

PERMANENT ADDRESS:

STREET

CITY, STATE, ZIP CODE

PHONE

E-MAIL

DATE OF BIRTH: _____ SEX: _____ CITY, STATE OF BIRTH: _____

MEDICAL HISTORY

ANY DISEASE, DISORDER, CONDITION OR PROBLEMS WITH:

	YES	NO
EYES, VISION		
EARS, HEARING		
NASAL		
THROAT		
HEADACHES		
NEUROLOGIC		

	YES	NO
LUNGS, BREATHING		
HEART		
BLOOD PRESSURE		
BLOOD CONDITIONS		

MUSCULO-SKELETAL	YES	NO

KIDNEY	YES	NO
BLADDER		

SKIN CONDITIONS	YES	NO
OTHER		

	YES	NO
ENDOCRINE		
PANCREAS		
THYROID		
OTHER		

MEN ONLY	YES	NO
REPRODUCTIVE ORGANS		

WOMEN ONLY	YES	NO
MENSTRUATION		
REPRODUCTIVE ORGANS		
PREGNANCY		
BREASTS		

PLEASE EXPLAIN ANY OF THE PREVIOUS CATEGORIES YOU INDICATED "YES" TO:

LIST SURGERIES /SERIOUS INJURY OR RECENT HOSPITALIZATION: _____

ANY ASPECT OF YOUR HEALTH THAT MAY PRESENT LIMITATIONS OR MAY REQUIRE SPECIAL ARRANGEMENTS? _____

MEDICATIONS TAKEN WITH/WITHOUT PRESCRIPTION: _____

ANY ALLERGIES (FOOD, MEDICATIONS, AIR-BORNE, OR INSECTS)? _____

DESCRIBE ANY ALLERGIC REACTIONS: _____

SUBSTANCE, TOBACCO, OR ALCOHOL USE? _____

ANY PREVIOUS EXPOSURE TO INFECTIOUS DISEASE (HIV, HEPB, MRSA, ETC.)? _____

MEDICAL EXAMINATION: A PHYSICAL IS REQUIRED TO MEET EXPERIENTIAL EDUCATION SITE REQUIREMENTS.

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____ PULSE: _____

<i>CHECK EACH ITEM IN THE APPROPRIATE COLUMN. ENTER NE IF NOT EVALUATED.</i>	NORMAL	REMARKS OR ADDITIONAL INFORMATION
ABDOMEN		
BREASTS		
CARDIOVASCULAR		
DENTITION		
EARS, HEARING		
EYES, VISION		
GENERAL APPEARANCE		
GENITALS		
HEAD		
LUNGS/CHEST		
LYMPH NODES		
MUSCULOSKELETAL		
NEUROLOGIC		
NOSE, SINUSES		
PHARYNX		
RECTAL		
SKIN		
THYROID		
OTHER		

SUMMARY OF DEFECTS AND DIAGNOSIS: _____

EXPLAIN ANY CONDITION THAT MAY PREVENT, LIMIT, OR REQUIRE SPECIAL ARRANGEMENTS FOR THE STUDENT TO PARTICIPATE IN ACADEMIC OR PHYSICAL ACTIVITIES:

SIGNATURE (MD, DO, PA, NP)

DATE

PRINTED NAME

ADDRESS

CITY, STATE, ZIP