

COLUMBUS TECHNICAL COLLEGE

MEDICAL FORM

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN or Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Intent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Entrance Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_ Posture \_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Pulse: \_\_\_\_\_\_\_ BP \_\_\_\_\_\_\_\_

HISTORY

 *Place a check mark by any conditions that apply to this student:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Diabetes |  | Asthma |  | Kidney Disease |  |
| Arthritis |  | Heart Disease |  | Lung Disease |  |
| High Blood Pressure |  | Angina Pectoris |  | Venereal Disease |  |
| Low Blood Pressure |  | Hepatitis |  | Hemophilia |  |
| Anemia |  | Rheumatic Fever |  | Other Blood Diseases |  |
| Heart Murmur |  | Thyroid Disease |  | Ulcers |  |
| HIV/AIDS |  | Cancer |  | Arterial Disease |  |
|  |  |  |  |  |  |
| Heart Pacemaker |  | Jaundice |  | Depression |  |
| Artificial Joint |  | Convulsions |  | Paralysis |  |
| Artificial Heart Valve |  | Frequent Headaches |  | Bleeding Problems |  |
| Shortness of Breath |  | Frequent Urination |  | Weight Loss |  |

Other Serious Illnesses Not Listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation/History of any checked above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any previous surgery with year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL EXAM

Eyes & Vision \_\_\_\_\_\_\_\_\_\_\_ Color Blind Test \_\_\_\_\_\_\_\_\_\_\_ Ears & Hearing \_\_\_\_\_\_\_\_\_\_\_\_ Throat \_\_\_\_\_\_\_\_\_\_\_\_ Teeth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nose \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breast \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mouth \_\_\_\_\_\_\_\_\_\_\_\_ Sinuses \_\_\_\_\_\_\_\_\_\_\_\_\_ Neck \_\_\_\_\_\_\_\_\_\_\_\_

Thyroid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heart \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lungs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Abdomen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GU System \_\_\_\_\_\_\_\_\_\_\_\_\_

Genitalia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rectal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extremities \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urinalysis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemoglobin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Serology \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Findings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPD Results \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X-Ray Findings, If Positive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Tetanus Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Comments on applicant’s physical and mental health, which should be brought to the attention of the college/program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One:

\_\_\_\_\_\_\_\_ In my opinion, Applicant is able to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program at Columbus Technical College.

\_\_\_\_\_\_\_\_ In my opinion, Applicant is NOT able to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program at Columbus Technical College.

Signature of person completing the exam:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: Physician Physician’s Assistant Advanced Practice Nurse

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Examination Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Revised 09/2019