



Medical Form

Applicant Information

We prefer that this form is completed by a physician, nurse practitioner, or physician's assistant (other than a parent) who has been involved with the applicant's on-going, comprehensive care. When not possible, the form may be completed at a campus health center, or by a physician/nurse practitioner/physician's assistant with whom you do not have an ongoing history. **Type or print clearly.**

APPLICANT'S NAME

DATE OF EXAM

LENGTH OF TIME APPLICANT HAS BEEN YOUR PATIENT

General Information

PAST HISTORY

PAST HOSPITALIZATIONS (INCLUDE SURGERIES)

DIAGNOSIS/TREATMENT OF ALCOHOL ABUSE

DIAGNOSIS/TREATMENT OF DRUG ABUSE

DIAGNOSIS/TREATMENT OF EATING DISORDERS OR OTHER MENTAL HEALTH ISSUES

SIGNIFICANT PAST ILLNESSES (INCLUDING MENTAL HEALTH DIAGNOSES)

FAMILY HISTORY (SIGNIFICANT MEDICAL/PSYCHIATRIC)

Current Information

MEDICINES (INCLUDING RECURRENT NON-PRESCRIPTIVES)

SIGNIFICANT PRESENT MEDICAL CONDITIONS (INCLUDING PHYSICAL AND/OR MENTAL HEALTH)

ALLERGIES, DIETARY RESTRICTIONS

TOBACCO/ALCOHOL USES

Please complete reverse side.

General Physical Information

WT. HT. B.P. P.

LAB (IF DONE RECENTLY): U/A CXR CBC

Note “✓” for normal, “X” for abnormal:

- | | | | |
|---|---------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> General appearance | <input type="checkbox"/> Neurological | <input type="checkbox"/> Eyes | <input type="checkbox"/> Ears |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Mouth | <input type="checkbox"/> Adenopathy | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Breasts | <input type="checkbox"/> Heart | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Genitals |
| <input type="checkbox"/> Rectum | <input type="checkbox"/> Extremities | <input type="checkbox"/> Skin | |

Expand on any abnormalities noted above in the space below.

Physician Information

PHYSICIAN'S NAME SIGNATURE

ADDRESS

CITY STATE ZIP

PHONE E-MAIL ADDRESS

Return this form to the applicant.