



MEDICAL EXAMINATION

To be completed in full.

EDUCATING REFLECTIVE, PRINCIPLED, AND CREATIVE LEARNERS

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To the examining clinician: Please review the student's history and complete the physicians form. Please comment on all positive answers. This student has been accepted. The information supplied will not affect his/her status: it will be used only as a background for providing health care, if this is necessary. This information is strictly for the use of the Health Services and will not be released without student consent

Last Name (surname) First Name Middle Name

Date of Birth (mo/day/yr) Height Weight Bloodpressure Pulse

IMMUNIZATION HISTORY (circle dose type and indicate date given)

Table with columns for Varicella Vaccine, DTP/DI/TD/T, Hepatitis B Vaccine, Measles, Mumps, Rubella, and MMR. Includes rows for #1 and #2 doses, and a section for T.B Skin Test (Mantoux) with date and result fields.

*Required for all full and part time nursing majors: Varicella IgG titre (please submit copy of laboratory report)

*Recommended Meningitis Vaccine: (date and type of vaccine) or enclosed signed waiver

Are there any abnormalities of the following:

- 1. skin, blood Y N 6. hernia Y N
2. eyes, head, ear, nose, throat Y N 7. genitourinary Y N
3. respiratory Y N 8. musculoskeletal Y N
4. cardiovascular Y N 9. metabolic/endocrine Y N
5. gastrointestinal Y N 10. neurologic/seizures Y N

If "yes" to any of the above explain

* Required for all participants on athletic teams: Urinalysis HGB or HCT Femoral pulse (indicate 1-4+) R L Apical heart rate Lying Sitting

Clinician signature

Date of exam