

Tri-State Baptist College

Physical Examination

To the examining physician: This student is applying for admission to Tri-State Baptist College. Please correlate the applicant's medical history with your findings and record below. Please give to applicant to return to the college.

Please Print

Name _____ Date _____

Sex _____ Age _____ Weight _____ Build: Slender _____ Heavy _____ Medium _____ Obese _____

Blood pressure _____ / _____ Pulse _____ Respirations _____

Urinalysis Report: Albumin _____ Sugar _____ Hemoglobin _____

Chest X-Ray or Tuberculin Skin Test (Within 1 Year) Date _____ Result _____

Vision: Normal _____ Corrected _____ Hearing _____

CHECK ITEMS IN PROPER COLUMN

- | | | | | |
|---|-------|--------|-------|----------|
| 1. Head, Neck, Face, Scalp | _____ | Normal | _____ | Abnormal |
| 2. Nose and Sinuses | _____ | Normal | _____ | Abnormal |
| 3. Mouth, Teeth, Gingival, Throat | _____ | Normal | _____ | Abnormal |
| 4. Ears, General | _____ | Normal | _____ | Abnormal |
| 5. Eyes, General | _____ | Normal | _____ | Abnormal |
| 6. Lungs, Chest | _____ | Normal | _____ | Abnormal |
| 7. Heart | _____ | Normal | _____ | Abnormal |
| 8. Vascular System (Include Varicosities) | _____ | Normal | _____ | Abnormal |
| 9. Abdomen and Viscera (Hernia) | _____ | Normal | _____ | Abnormal |
| 10. Ano-Rectal and Pilonidal | _____ | Normal | _____ | Abnormal |
| 11. Endocrine System | _____ | Normal | _____ | Abnormal |
| 12. Genito-Urinary System | _____ | Normal | _____ | Abnormal |
| 13. Upper Extremities | _____ | Normal | _____ | Abnormal |
| 14. Lower Extremities | _____ | Normal | _____ | Abnormal |
| 15. Spine, Other Musculo-Skeletal | _____ | Normal | _____ | Abnormal |
| 16. Skin and Lymphatic | _____ | Normal | _____ | Abnormal |
| 17. Neurological System | _____ | Normal | _____ | Abnormal |
| 18. Psychiatric (Personality Deviation, etc.) | _____ | Normal | _____ | Abnormal |

Give details of each abnormality. Please enter the number of each corresponding item.

List any medications the applicant takes regularly and explain why it's needed. _____

Any allergies _____

The Student Health Service is concerned about you as an individual and is interested in helping you attain and maintain good health. Please list on a separate sheet anything about your emotional health that you feel will enable us to understand you better and care for you more effectively. List any special tests used for clinical evaluation. (Blood, EKG, etc.)

The Student Health Service desires most heartily to work with the family physician in every way possible. Your comments below regarding the applicant's personal history or physical condition will be greatly appreciated. Please stress any physical or emotional difficulty or chronic disease that might interfere with his academic, physical, or social adjustment as a college student. Please include whether you have knowledge of his/her using drugs or alcohol of any kind and what effect this has had on his health.

Please send a complete medical record along with this form to Tri-State Baptist College.