

HEALTH HISTORY AND PHYSICAL EXAMINATION

HEALTH HISTORY to be completed by applicant

Last Name	First Name	Middle Name
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Student ID (Banner) #	Date of Birth (Month / Day / Year)	Gender M <input type="checkbox"/> Male F <input type="checkbox"/> Female
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Racial / Ethnic Group <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other
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Mailing Address	City / State	Zip Code
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Home Phone Number ()	Cell Phone Number ()	E-Mail Address
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Emergency Contact (Name / Relationship)	Emergency Contact Number ()
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Have you ever been treated, or are you receiving treatment for any of the following conditions -mark all that apply and comment below.

YES*	NO	Condition	YES*	NO	Condition	YES*	NO	Condition
		Alcohol/Substance Abuse			Diabetes			Orthopedic Disorder
		Allergies: Food			Eating Disorder			Seizure Disorder
		Allergies: Medication			Emotional Disorder			Social Disorder
		Asthma			Heart Disorder			Trauma
		Back Injury / Disorder			Hearing Disorder			Tuberculosis
		Blood Disorder			Intestinal Disease			Vision Disorder
		Cancer			Kidney Disease			Pregnancy

***Provide dates and an explanation for "yes" responses in the space provided below. ***
Please use additional paper if needed to fully explain your 'yes' answers.

Explanations / Other:

List Surgical History:

List Routine Medications:

<p>All pre-existing medical conditions (for ex. pregnancy, back issues etc.) require a medical release from your health care provider. Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A</p> <p>My signature indicates I have no injury or illness and amble to meet technical performance standards. I will notify the program head of health changes. I understand that falsification, omission, or misrepresentation of health and abilities may result in dismissal from BRCC nursing and allied health programs.</p> <p>APPLICANT SIGNATURE _____</p> <p>DATE _____</p>
