

Summer Courses and Special Programs

Report of Medical Examination Please keep in mind that we do not accept forms completed by a relative. Incomplete forms will not be accepted.

The applicant should complete this section.

Na	me of Applicant	Social Security Number				
Ple	ase indicate the program to which you are applying					
Ad	dress					
E-r	mail Address					
	The physician should complete the ren	nainder of this report of medical examination.				
stu		is an essential part of the application for participation in quire a full physical examination. Please include results of the vitality in the results of the				
Da	te of Birth Age	Gender				
	Past or present illnesses (Please give date	es, complications, and any residual symptoms):				
A.	History of heart disease (valve disorders, congenital	malfunctions, etc.)				
В.	Rheumatic fever (heart involvement)					
C.	Diseases of the digestive tract: (peptic ulcer; biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting spells, hernia, appendicitis)					
D.	Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchiectasis, sinus disease)					
E.	Urinary tract diseases (nephritis, nephrosis, calculi, recurrent bladder or prostatic disease, history of urinary tract infection)					
F.	Disorders of menstruation (give details)					
G.	Diabetes mellitus					
Н.	Hypertension					
I.	Migraine or severe headaches (dizzy spells, strokes)					
J.	Epilepsy, fainting spells, history of head injuries					
K.	Muscle disease					
L.	Allergic diseases (hay fever, food allergies). Please record causative factors					
М.	Chronic skin diseases					
N.	Severe injuries					
Ο.	Surgeries (list surgeries and dates. If none, write "none")					
P.	Systemic disease (juvenile rheumatoid arthritis, lupus, erythematosis)					

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Report of Medical Examination, continued

Name of App	olicant		Social Securit	Social Security Number		
Please condu	uct a complete e	examination: Height	Wei	ght_		
	Normal	Deviation from Normal		Normal	Deviation from Normal	
Skin			Lungs			
Eyes			Abdomen			
Ears			Tonsils			
Hearing			Feet			
Nose			Spine			
Teeth			Blood pressure			
Heart			Urinalysis (dipstick & microscopic, if indicated)			
adjustment t abroad?	to a foreign cult	rious conditions imposed ure, different living cond escribe:	litions, etc.), is the ap	oplicant emotio	nally stable for study	
a supporting	g letter from the	as the applicant been to treating psychologist of scribe:	r psychiatrist may be	requested.	iatrist? In such cases	
5. Restrict	Restrictions on physical activity, including exercise in a fitness facility:					
☐ None	e •As follows: _					
	nined the above- ew University.	named applicant and co	onsider him/her physi	ically qualified	to participate in study	
Name of Phy	sician (please ty	ype or print)				
License No			Date			