MERCED COLLEGE
HEALTH EXAMINATION

(please print)

NAME _____ **DATE** _____

LAST FIRST MIDDLE MAIDEN

COUNTRY OF BIRTH _____ **COUNTRY OF CITIZENSHIP** _____

HAVE YOU HAD, OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS?
IF YES, GIVE APPROXIMATE DATES.

ALLERGY (severe)		EPILEPSY		POLIO		ANY PROBLEMS NOW?	
ANEMIA		HEPATITIS		RHEUMATIC FEVER			
ASTHMA		MALARIA		RUBELLA(German Measles)		ANY COMPLICATIONS	
BLACKOUTS		MEASLES		THYROID PROBLEM		OR RESTRICTIONS?	
CHICKEN POX		MENINGITIS		TUBERCULOSIS			
DIABETES		MONONUCLEOSIS		HEART PROBLEM		RESTRICTIONS	

EXAMINATION TO BE FILLED OUT BY PHYSICIAN **DATE** _____

A PHYSICAL EXAMINATION BY A MEDICAL DOCTOR (Md..) IS REQUIRED. CURRENT IMMUNIZATIONS (WITH DATES SPECIFIED) VERIFIED TUBERCULOSIS CLEARANCE MUST BE COMPLETED BEFORE ACCEPTANCE AT MERCED COLLEGE.

1. TETANUS (MUST BE WITHIN THE PAST NINE YEARS): DATE _____
2. MEASLES, RUBELLA (MUST BE GIVEN AFTER 1970 AND AFTER TWELVE MONTHS OF AGE):
MEASLES (RUBELLA) DATE: _____
RUBELLA DATE: _____
3. TUBERCULOSIS CLEARANCE DATED WITHIN THE PAST THREE MONTHS OF THIS PHYSICAL EX
MANTOUX SKIN TEST DATE: _____ **RESULT:** _____
IF MANTOUX TEST IS POSITIVE, CHEST X-RAY IS REQUIRED
CHEST X-RAY DATE: _____ **RESULT:** _____
***ATTACH COPY OF YOUR CHEST X-RAY REPORT. DO NOT SEND X-RAY FILM**

DOES STUDENT HAVE ANY CONDITION WHICH WOULD PREVENT PARTICIPATION IN PHYSICAL EDUCATION? IF YES, EXPLAIN: _____

SPECIAL HEALTH PROBLEMS: _____

I HAVE EXAMINED _____ **AND FIND HIM/HER IN GOOD HEALTH AND ABLE TO ATTEND COLLEGE.**

SIGNATURE OF PHYSICIAN _____
NANE OF PHYSICIAN (PLEASE PRINT) _____
ADDRESS _____
TELEPHONE _____

RETURN COMPLETED QUESTIONNAIRE WITH YOUR APPLICATION

AM