John A. Gupton Student Health Form

General Information

Name _____
Last First MI

Address _____
Street City State Zip

Phone _____ **Date of Birth** _____

SSN _____ **Male** _____ **Female** _____

Citizenship USA _____ Other _____
Specify

Height _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____

Emergency Contact _____

Relationship _____ **Phone** _____

Health Care Provider Information (REQUIRED)

Complete this section if you were born AFTER 1957	Complete this section if you were born IN or BEFORE 1957
1. TB Skin Test or Chest X-Ray **(MUST be within last year)**	TB Skin Test or Chest X-Ray **(MUST be within last year)**
Date given _____	Date given _____
Results _____	Results _____
2. 1st dose Rubeola, Rubella, Mumps vaccination	Health care providers signature or stamp
Date MMR given _____	_____
3. 2nd dose Rubeola, Rubella, Mumps vaccination	
Date MMR given _____	
Health care providers signature or stamp	
_____	

Immunizations (advised but not required)

Tetanus (OR) TD _____ (Must be within the last 10 years)
Hepatitus B Series 1st _____ 2nd _____ 3rd _____

Physical Findings - check any problems which require on-going care

___ Allergy	___ Dermatology	___ Hearing/Sight	___ Anorexia/Bulimia
___ Anemia	___ Seizure disorder	___ Obesity	___ Blood Pressure Hyper/Hypo
___ Cardiac/Heart	___ Gastrointestinal	___ Orthopedic	___ Genitourinary
___ Depression	___ Pulmonary	___ Immune disorders	___ Headaches/Migraine
___ Diabetes	___ Mental Illness	___ Cholesterol	Other: _____

Required medication, physical limitations, special needs

_____

_____