

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
 ▶ TB Skin Test, IGRA Blood Test or Chest X-Ray
 (MUST be within last year)
 Date given _____
 Results _____

▶ 1st dose Rubeola, Rubella, Mumps vaccination
 Date MMR given _____
 ▶ 2nd dose Rubeola, Rubella, Mumps vaccination
 Date MMR given _____
OR
 ▶ TITERS Date _____ Results _____

Health care providers signature or stamp

Complete this section if you were born IN or BEFORE 1957
 ▶ TB Skin Test, IGRA Blood Test or Chest X-Ray
 (MUST be within last year)
 Date given _____
 Results _____

Health care providers signature or stamp

Immunizations (advised but not required)

Tetanus (OR) TD _____ (Must be within the last 10 years)

Hepatitis 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

