GLOBAL STUDY CONNECTIONS
Live Your Dream - Study Abroad!

Medical Examination Form 2013-2014

DOCTOR INFORMATION – Form to be completed by a doctor

Doctor's Name: ______________________________

Address: ______________________________

City: ____________________ Country: ____________________

Telephone: ______________________________

EXAMINATION RESULTS for ______________________________
(Student Name)

Birthdate: ____________________ **Gender:** ☐ **Male** ☐ **Female**

Normal	Check each item	Abnormal
☐	Head, Face, Neck, Scalp	.... ☐
☐	Nose	.... ☐
☐	Sinuses	.... ☐
☐	Mouth and Throat	.... ☐
☐	Ears-general (interior & exterior)...............	.... ☐
☐	Ear Drums perforated)............................	.... ☐
☐	Eyes	.... ☐
☐	Ophthalmoscopic	.... ☐
☐	Pupils	.... ☐
☐	Ocular motility	.... ☐
☐	Lungs and chest	.... ☐
☐	Heart	.... ☐
☐	Vascular System	.... ☐
☐	Abdomen and Viscera	.... ☐
☐	Anus and Rectum	.... ☐
☐	Endocrine System................................	.... ☐
☐	G – U System	.... ☐
☐	Upper Extremities	.... ☐
☐	Lower Extremities................................	.... ☐
☐	Feet	.... ☐
☐	Spine, other Musculoskeletal	.... ☐
☐	Body Marks, Scars, Tattoos	.... ☐
☐	Skin Lymphatics..................................	.... ☐
☐	Neurologic...	.... ☐
☐	Psychiatric...	.... ☐
☐	Pelvic (female only).............................	.... ☐

Examination:
☐ vaginally ☐ rectal

PHYSICAL and LABORATORY RESULTS

Height: ____________________________________ Weight: ____________________________________

Color Eyes: ________________________________ Hair Color: ________________________________

BLOOD PRESSURE: ________________________ **PULSE:** ________________________________

Please Note: A recent PPD is required for some foreign students before enrollment (see below).
A urinalysis and hematocrit are recommended for all students before enrollment.

Most recent PPD-Mantoux skin test: Date: ______________________ MM Induration ______________________
(Required within the past two years for all students born or currently living in East Europe, Asia (except Japan), Africa, Central American, or South America, regardless of whether they have received BCG or not.)

CXR if PPD is positive: Date/result __________________________ INH treatment? __________________________

(Recommended with the past two years for all students.)

Date: ____

Result: ______________________________________

(Recommended with the past two years for all students.)

Date: ____

Result: ______________________________________

MEDICATIONS

Is the student currently taking medication for any reason? □ No □ Yes

If yes, please list and explain. ____

____

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The doctor's signature certifies that the student may participate in the academic, athletic, residential, and extracurricular activities of the school, with any exceptions noted below.

DOCTOR SIGNATURE

Signature of doctor: ____

Date of Exam: ____

Exceptions: ____

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We certify that the information supplied is true and complete to the best of our knowledge. We authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for purposes of processing this application.

Signature of Student: ____ **Date:** ____________________

Signature of Parent: ____ **Date:** ____________________