

Health Certificate

Enrolling in: Fall or Spring 20____

Please schedule a routine physical examination and submit this form to your physician to complete and return to Northpoint. Ask your physician to attach immunization records with evidence of a tetanus shot within the last ten years; two MMRs (Measles, Mumps, and Rubella); two Varicella (Chickenpox); and three Hepatitis B vaccinations. These are required for admission. A Meningococcal vaccination is also required unless a waiver is completed.

Name (First, Middle, Last) _____ Date of Exam _____

Address _____

Age _____ Date of Birth ____/____/____ Height _____ Weight _____

Vital Signs: T _____ P _____ R _____ B/P _____

General Appearance: _____

Skin: _____ Head: _____

Ears: _____ Eyes: _____

Visual Acuity (Without Glasses) R 20/____ L 20/____
(With Glasses) R 20/____ L 20/____

Oral Cavity: _____ Nose and Sinuses: _____

Neck: _____ Lymph Nodes: _____

Spine: _____ Heart: _____

Abdomen: _____ Chest and Lungs: _____

Upper Extremities: _____ Lower Extremities: _____

Urinalysis: _____ CBC: _____

Allergies: _____

(Include Rx)

Therapy: (Rx for Existing Ailments) _____

(Medication, Dosage, Frequency - Please Print)

Hx of Contagious Diseases: _____

Is the applicant able to attend college?

Yes

Yes, with restrictions: Please comment on reverse side.

No: Please comment on reverse side.

Physician's Name: _____

(Please Print or Type)

Physician's Signature: _____

Office Address: _____

Office Telephone Number: () _____