

PRESHCO

Programa de Estudios Hispánicos en Córdoba

PHYSICAL EXAMINATION REPORT

Student's name _____

Date of birth _____

College _____

1. Past Medical History

Give age at which student has had any of the following and any complications:

Asthma _____

Gastrointestinal disease _____

Skin disorders _____

Chicken pox _____

Hay fever _____

Tuberculosis _____

Diabetes _____

Infantile paralysis (polio) _____

Urinary tract infection _____

Eating disorders _____

Infectious hepatitis _____

Other (name) _____

Epilepsy _____

Infectious mononucleosis _____

Fainting spells _____

Malaria _____

Operations

Date

Complications

Operations	Date	Complications

Has student ever lost one or more terms from school because of illness? _____

Does student have dysmenorrhea of a degree to interfere with student obligations? _____

Allergies (to medications or foods) **Type of Reaction** (asthma, anaphylactic shock, skin rash).

2. Medicines taken regularly or irregularly.

Name

Dosage

Purpose

Name	Dosage	Purpose

3. Prescription of glasses or contact lenses _____

4. **Tuberculin Test (PPD)** Date given _____ Result _____

5. **Chest X-ray** (if tuberculin test has converted to positive since last test). Date given _____

Result _____

6. Dates of Most Recent Immunizations

Diphtheria-pertussin-tetanus _____

Diphtheria-tetanus _____

Tetanus-toxoid _____

Polio-Sabin trivalent 1st dose _____ 2nd dose _____ Booster _____

7. Dates of Other Immunizations

MMR _____

Cholera _____

MMR _____

Typhus _____

Typhoid-series _____

Yellow fever _____

Hepatitis A _____

Booster _____

Hepatitis B _____

(3 dates)

8. Physical Examination

Height _____ Weight _____ Blood pressure _____

Indicate any abnormality of:

Skin _____

Eyes, Ears, Nose, Throat _____

Thyroid _____

Heart _____

Lungs _____

Abdomen _____

Spine and Extremities _____

Nervous System _____

Genitalia (when indicated) _____

9. Are there any health problems of which we should be aware for which this student is not taking medication but which might necessitate special attention during her/his stay abroad; i.e., sickle cell disease, congenital heart disease, emotional problems?

Date _____

Signature of examining physician

Printed name of examining physician

This form will be placed on file in the PRESHCO Program Office in Córdoba. The information provided in this report is not taken into consideration when determining eligibility for the program.