ADELPHI UNIVERSITY

Family name/surname _____ First/given name _____ MI _____

Adelphi ID no. or SSN _____ Date of birth _____ Age _____

SECTION 1 (Student must complete this part prior to exam.)

Drug allergies _____ Food allergies or intolerance _____

Does student require EpiPen? ☐ Yes ☐ No Has student been trained in its use? ☐ Yes ☐ No

Medications (Please include prescription medications and any over-the-counter medications taken daily.):

_____

Past Medical History _____

_____

Family Medical History _____

_____

SECTION 2: HEALTHCARE PROVIDER'S EXAMINATION (to be completed by provider only)

Height _____ Weight _____ BMI _____ Blood pressure _____ Heart rate _____

Vision R _____ L _____ (corrected or uncorrected) Hearing _____ (whisper acceptable)

System	Satisfactory	Unsatisfactory	Details If Unsatisfactory
HEENT			
Respiratory			
Cardiovascular			
Abdominal			
Genitourinary			
Musculoskeletal			
Skin			
Neurovascular			

Tuberculosis Testing: This is mandatory for all international students and students entering into health-related clinical sites or student teaching. For international students or those who may have received BCG vaccine, the TB-Spot (preferred) or Quantiferon blood test is required. (A copy of the lab test is required.)

TST (PPD): Date placed _____ R or L forearm (Circle one.) Date read _____ Result in mm (must be written): _____

(48-72 hours is the ONLY acceptable time frame)

TB-Spot Result: _____ _____ (must include labs)

Any positive TB test resullt requires a chest X-ray (within five years) and a copy of the written results to be attached.

Student is cleared for all physical activities and/or athletic activities. Yes No

If no, please explain why. _____

(If this response is not completed, student will not be allowed to participate in any physical education classes or athletic activities.)

Healthcare provider's name _____ Date of exam _____

Signature _____ License no. _____ Phone _____

This form will not be accepted without date and healthcare provider's signature and stamp, or license number if no stamp available.