

Have any of the applicant's relatives ever had any of the following?

DISEASE	YES	NO	RELATIONSHIP
Arthritis			
Asthma/ Hay Fever			
Cancer			
Diabetes			
Epilepsy/ Convulsion			
Heart Disease			
High Blood Pressure			
Kidney Disease			
Mental illness			
Stomach Disease			
Tuberculosis			

Physical Education

Height _____ Weight _____ Pulse _____

Are there any abnormalities of the following systems? Yes

No

- Head, Ears, Nose, Throat, Hearing.
- Eyes/Vision
- Respiratory
- Cardiovascular
- Gastrointestinal
- Hernia
- Genitourinary
- Musculoskeletal
- Metabolic/Endocrine
- Neuropsychiatric
- Skin
- Is there loss or seriously impaired function of any organ?

Laboratory Work Required:

Mantoux Skin test for TB. Result: _____

If strongly positive must have chest X-Ray. Result: _____

Please indicate which vaccinations the applicant has had, and the date of the vaccinations

Meningitis: _____ Date: _____ Other: _____ Date: _____

Tetanus: : _____ Date: _____

Date: _____

I have examined the above named applicant whom I have known since _____
 From my knowledge of his/her past history, and as a result of my examination of him/her, it is my opinion that he/she is in good health mentally, emotionally and physically, and that he/she will be able to pursue a full course of study at an educational institution.
 Date of physical examination: _____
 Please-print: Doctor's name: _____
 Address: _____
 _____ Telephone Number _____
 Signature: _____ Official Stamp