

AQUINAS COLLEGE - HEALTH FORM -

PART 1. AUTHORIZATION—TO BE SIGNED BY A PARENT OR RESPONSIBLE GUARDIAN IF A STUDENT IS A MINOR, OR BY THE STUDENT WHO IS OVER 18 YEARS OF AGE.

1. I _____ authorize Aquinas College Health Services to administer medical services including immunizations and allergy injections and to perform routine medical care as deemed necessary by licensed medical personnel.

Date _____ Parent's signature _____
(Student's signature if over 18 years of age)

Parent's name _____ Telephone (____) _____

Father's place of employment _____ Telephone (____) _____

Mother's place of employment _____ Telephone (____) _____

Family physician _____ Telephone (____) _____

2. Health insurance policy information. Insurance carrier _____

Policy # _____
(Street address)

Telephone (____) _____
(City, state, ZIP)

PART II. EXAMINING PHYSICIAN'S REPORT. (New student-athletes do not need a physical. They will receive one from the athletic physician prior to training/competition.)

Height _____ Weight _____ B.P. _____ P _____

	Normal	Abnormal (describe)		Normal	Abnormal (describe)
Vision			Genitalia <small>(optional)</small>		
Hearing			Endocrine		
Eyes, ears, nose, sinuses			Skin		
Mouth, throat, tonsils			Extremities		
Heart			Neurological		
Lungs and chest			Psychiatric		
Abdomen					

Hemoglobin (if indicated) _____ Urinalysis: Albumin _____ Sugar _____

Current health problems:

Surgeries/Hospitalizations

Drug allergy:

Other allergies:

Do you take any medication? If yes, please list _____

Recommendations and any P.E. or athletic restrictions? _____

Date _____

_____, M.D. Telephone (____) _____

(Street address)

(City, state, ZIP)