

MERKOS WOMEN Medical Examination Report

Name of Student	Date of birth	. Telephone #
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Health Insurance	Insurance #	Medicare #
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Name of Doctor	Telephone #
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1. Is student in good health? Yes No Height: _____ Weight: _____

List problems: _____

2. List all allergies _____

Medication: _____

Food: _____

Other: _____

3. List all medicines being taken _____

Optional: _____

Necessary: _____

4. Date of last Tetanus booster: _____ / _____ / _____

5. Are all immunizations (including MMR) up to date? Yes No, Missing: _____

6. Was the student ever admitted to a Hospital? No Yes

If yes, list dates and reason: _____

Discharge diagnosis: _____

7. Has there been any significant illness within the past 12 months? No Yes

List: _____

8. Are there any restrictions in _____

Swimming? No Yes Sports? No Yes Hiking? No Yes

Other? _____

9. In case of emergency please call: _____

10. Signature of examining Doctor: _____

If it is necessary, in the judgment of the administration, to use outside medical, surgical or dental aid for the health and well being of the student, I hereby authorize the seminary administration to use such outside medical aid, for which I will be responsible to cover the cost. I will handle all claims with my insurance company.

Date: _____ Signature of Student: _____