



NORTH CENTRAL MICHIGAN COLLEGE PRE-ADMISSION MEDICAL HISTORY

Admission Requested for: NSG____ EMS____ MA____ PHLB____ ECE____

Completion of this form is required for admission to the Allied Health programs. Instructions – Complete Part I and II of this form before going to your physician.

_____ M__ F__ Birth date ___/___/_____
Last Name First Middle

Home Address _____ Telephone _____
Number Street City State Zip

PART I PERSONAL HISTORY

1. Check if you ever had or now have any of the following conditions.
Rheumatic Fever__ Tuberculosis__ Diabetes__ Diptheria__ Epilepsy__ Hernia__
Asthma__ Gland Trouble__ Scarlet Fever__ Kidney Disease__ Convulsions__ Nervous
Tendencies__ Recurrent Headaches__ Speech Disorder__ Back Injury__

Explain any conditions you have checked _____

2. Have you ever been a patient in a hospital? _____ If yes, explain _____

3. Are you now under medical care? _____ If yes, explain _____

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

5. Do you have hospitalization insurance? _____ Insurance Company _____
Policy No. _____

In submitting this health record, I certify that I have given accurate information to the best of my knowledge.

Students Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____
(Students under 18 years)

PART II EMERGENCY INFORMATION

In case of emergency, the following person may be contacted:

Name _____ Phone _____
Alternate Phone _____

PART III MEDICAL EXAMINATION

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| This section completed by the Physician. Please return to: North Central Michigan College Department of Allied Health 1515 Howard Street Petoskey, MI 49770 |
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|--------|--------------------------------------|--|--------------------------------|---------------------------------|
| Height | Blood Pressure S _____ D _____ | TB Test or Chest X-Ray Date _____ Results _____ | Vision RT _____ LT _____ | Hearing RT _____ LT _____ |
| Weight | | | | |

| | | | | | | | | |
|-----------|------|-----|---------------|------|-----|----------------|------|-----|
| | Norm | Abn | | Norm | Abn | | Norm | Abn |
| Nutrition | | | Throat | | | Abdomen | | |
| Skin | | | Thyroid | | | Varicose Veins | | |
| Posture | | | Heart | | | Feet | | |
| Mouth | | | Lungs & Chest | | | Hemorrhoids | | |
| Ears | | | Breasts | | | Nervous System | | |
| Nose | | | Pelvic | | | Menses | | |

Describe abnormal findings: (Use separate letter if comprehensive report is necessary) Is there any mental, emotional or physical condition for which the student should remain under observation? _____

Please explain any conditions which you consider significant in the personal history _____

Is the student physically qualified to participate in activities related to Health Care? Yes _____ No _____
 Comments: _____

Consultation recommended? Please indicate: _____

How long has this applicant been under your supervision? _____

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| Required of all applicants: Applicants to Allied Health Programs must have current documented immunizations, or verifiable proof of past history or a serum titer confirming immunity. Chickenpox (Varicella) _____ *Tetanus/Diphtheria _____ Measles/Mumps/Rubella _____ Polio _____ Hepatitis B (HBV) _____ *Tetanus should be within last 10 years. In addition, the following immunization is strongly recommended for persons in the health care fields. You should discuss this with your physician: Yearly Influenza _____ |
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Signature of Physician _____
 Name _____ Degree _____ Date _____

Please Print Name _____
 Address _____
 Street and Number _____ City _____ State _____ Zip _____ Office Phone _____

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| It is the policy of North Central Michigan College to offer admission, housing, employment, campus activities and financial aid without regard to race, color, national origin, religion, sex, sexual orientation age, height, weight, marital status or disability. |
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