



PRE-ADMISSION MEDICAL HISTORY

Admission Requested for: NSG____ ST____ EMS____ MA____ PHLB____

Completion of this form is required for admission to the Health Sciences programs.

Instructions – Complete Part I and II of this form before going to your physician.

M____ F____ Date of Birth _____

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____ Diphtheria____ 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 _____

PART II EMERGENCY INFORMATION

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

Name _____ Phone _____
 Relationship _____ Alternate Phone _____

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.



PART III MEDICAL EXAMINATION

Student Name _____

This section completed by the Physician. Please return to: North Central Michigan College
 Department of Allied Health • 1515 Howard Street • Petoskey, MI 49770 **231.348.6696**

Height	Blood Pressure	2 step TB Test or Chest X-Ray		Vision	Hearing
	S _____	Date _____	2nd Date _____	RT _____	RT _____
Weight	D _____	Results _____	2nd Results _____	LT _____	LT _____

	Normal	Abn.		Normal	Abn.		Normal	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 student been under your supervision? _____

Required of all Students:

Applicants to Health Science Programs must have current documented immunizations, or verifiable proof of past history or a serum titer confirming immunity. *Chickenpox (Varicella), *Tetanus/Diphtheria/Pertussis (Td/Tdap), Measles/Mumps/Rubella(MMR), Polio, Hepatitis B (HBV), Annual Influenza, Annual 2 step TB test.* We also recommend Meningococcal B(MenB).

*Tetanus should be within last 10 years.

Signature of Physician _____

Name

Degree

Date

Please Print

Name _____

Address _____

Street and Number

City

State Zip

Office Phone