

MEDICAL EXAMINATION FORM
Lake Erie College

This form must be filled out, signed by a family physician, and returned to the Student Life Office before any student can receive a room key.

Full Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Blood Pressure: _____

Past History and Present Conditions *(please include dates of past conditions)*

Childhood Illnesses: _____

Accidents/Injuries: _____

Operations: _____

Hospitalizations (including mental health): _____

Illnesses/disorders/dependences: _____

Please indicate if student requires handicap-accessible facilities and to what extent: _____

List any allergies to drugs, food or environmental agents: _____

Please comment on patient's current physical status: _____

Please comment on patient's current mental status: _____

Do you feel that the student is physically able to fully participate in athletic and/or equestrian activities and physical education activities? YES NO

If not, please indicate which limitations on activity the student should exercise:

Is a single room needed? YES NO

If YES, please indicate reasons: _____

List any symptoms and illnesses for which the student requires on-going medical care, including any regular medications:

Any additional information or comments relevant to the student's physical and mental health:

Date of Examination: _____

Physician's Name: _____

Address: _____

Telephone: (____) _____

Physician's Signature: _____