Southern Union

State Community College

Health Sciences Division

Annual Health Questionnaire

Student Name (Last, First, M)	Telephone ( ) -	SUSCC Student Number

Program (Circle one)	Registered Nursing Practical Nursing	EMT-Basic EMT-Paramedic	Radiologic Technology Surgical Technology

Allergies (Food/Drug/Latex, etc)

Height_______________ Weight_____________ BP_______/________ Pulse _________

Vision Right 20/_________ Left 20/___________ Corrected: Y N Color Blind: Y N

			NORMAL	ABNORMAL FINDINGS
COMPLETE	LIMITED	Cardiovascular		
		Pulses		
		Heart		
		Lungs		
		Skin		
		E.N.T.		
		Gastrointestinal		
		Musculoskeletal		
		Neurological		
		Other		

Has student been diagnosed with any chronic/serious medical condition(s)? (ex. diabetes, hypertension, seizure disorders, etc.?) **Yes□ No □ If yes, please list:**

____

Has student been diagnosed with any psychiatric/mental condition(s)? (ex. bipolar, depression, chemical dependency, etc.) **Yes□ No □ If yes, please list:** ____

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Are the above conditions being presently controlled or treated? **Yes□ No □ If yes, please describe:**

____

Is student taking any prescribed medications on a regular basis? If so, please list: -

____

On the basis of the examination on this day, I approve this student's participation in Health Sciences Clinical.
Yes □ No □ Limited □ If limited, comment is required. ____________________________

Physician's PRINTED Name, Address, and Phone Number

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Physician's Signature Date

For the purpose of determining eligibility for my educational experiences, I hereby give my permission for the Division of Health Sciences to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate your state of health.

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Student's Signature Date