

STUDENT MEDICAL REPORT

Name: _____ SSN _____

Address _____

Sex _____ Height _____ City _____ State _____ Zip _____
Weight _____

Date of Birth _____ Ethnic Group (optional) _____

This Student Medical Report is part of your application for housing to Southern Union State Community College and should be completed and returned to the office of the Dean of Students. Your Housing Application cannot be cleared until this form is received. The information contained on this form is kept on file for your protection. You are expected to report fully on the state of your physical condition.

Do you or have you ever had: (if yes, explain)

- High Blood Pressure _____
- Stomach Ulcers _____
- Diabetes _____
- Hernia _____
- Nervous or emotional illness _____
- Epilepsy or fainting spells _____
- Psychiatric treatment _____
- Asthma _____
- Tuberculosis or lung disease _____

Give the date of your last immunization: _____

Have you had any serious accident or injury? _____

Are you presently under the care of a physician? _____

Do you take medication on a regular basis? _____

Are you allergic to any types of medication? _____

Do you have any communicable disease or condition that would pose a threat to others with whom you may come into contact? _____

Please list any other pertinent information regarding status of health: _____

Name of Family Physician _____

Address _____

City State Zip

Day Phone () _____ Evening Phone () _____

TO BE COMPLETED BY STUDENT:

I hereby affirm that all information supplied on this medical report is complete and accurate to the best of my knowledge. I understand that withholding information requested or giving false information may make me ineligible for housing and is reason for dismissal. I also give permission to a local attending physician to administer to me any medical aid deemed necessary.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN OF A STUDENT UNDER THE AGE OF 19:

In the case of an emergency and/or upon recommendation of a local physician that hospitalization is necessary to the welfare of my son/daughter, the College has my permission to admit him/her to the nearest hospital. The attending physician also has my permission to contact my son's/daughter's physician about his/her medical history and to administer any medical aid deemed necessary.

Parent's/Guardian's Signature: _____ Date: _____

Southern Union State Community College is an Equal Opportunity/Equal Access Institution and it is the official policy of the College that no person shall on the grounds of race, color, disability, gender, religion, creed, national origin, or age be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment opportunities.