<b>Semester Enrolling:</b>				
□ Fall	_(year)			
☐ Spring	(year)			
☐ I am a freshman. ☐ I am a transfer.				



## **HEALTH AND PHYSICAL EXAM FORM**

Please return this form to: Thomas More College Attn: Business Office 6 Manchester Street Merrimack, NH 03054

In order to provide adequate and effective health services for our students, it is necessary to have on file a record of physical examination and immunizations for each student. Please be sure to list all dates for each immunization. This record will be maintained in the student's academic file in the Registrar's Office. All information is strictly CONFIDENTIAL. Information supplied will become a part of your health record. This information will not influence your academic standing at the College and will not be released to anyone except by your written authorization.

Please have your physician complete the physical exam portion of this form. Any physical exam must have been completed within the past 12 months.

within the past 12 months.			
FULL NAME:			DOB/
(please print)			
CITY, STATE, ZIP:			
Family Physician Information	on (please include name, address, and pl	none number):	
FAMILY DOCTOR:		PHONE	E#
ADDRESS:			
Have you received mental h If yes, please explain:	ealth services? In-patient: <b>Yes</b> or I	No or Out-patient: Yes or	No
Emergency contact inform	nation:		
1. EMERGENCY CONTAC	CT & RELATIONSHIP:		
WORK #	CELL #	HOME #	
2. EMERGENCY CONTAC	CT & RELATIONSHIP:		
WORK #	CELL#	HOME #	
facility for appropriate med	ent of an emergency, I hereby give per lical treatment. I give permission for T information to that emergency facility a	he Thomas More College of Libe	eral Arts personnel to release
SIGNATURE OF STUDEN	TT:		DATE
AND/OR:			DATE

(Parent or Guardian, if student is under 18 years)



## THIS SECTION TO BE COMPLETED BY YOUR PHYSICAN

TO THE EXAMINING PHYSICIAN: Please complete the physical examination form. This student has been accepted to The Thomas More College of Liberal Arts and the information that you provide is strictly for the use of The Thomas More College and will not be released without student consent. Should there be an emergency and the local physician needs the student's medical information, this form will be provided to them.

STUDENT'S NA	ME:				
HEIGH:	WEIGHT:	BLOOD PRESSUR	E: Systolic	Diastolic	Pulse
CLINICAL EVA Any abnormal re		ribed in detail. Use additi	onal sheet if nece	essary. Normal (N	) or Abnormal (A).
	Head, Ears, Nose, Throat, & Teeth Heart & Lungs Abdomen		Eyes Orthopeo	die gie	
URINALYSIS:	Albumin	Sugar		Hemoglobin	
DATE OF VACO Please include m	CINATIONS nedical copy of all vaco	cinations.			
DATE OF TETA	NUS TEST:	Results:	TETANUS: _	MM	R:
MENINGITIS (re	ecommended):				
ALLERGIES Indicate Y (yes)	or N (no) if the studer	nt has any of these allergio	es.		
	Per	nicillin Medications	_ Latex		
	Sul	fa Medications es/Wasps	Pollen/Dust/M Food (SPECIF	old Y below)	
FOOD AND OT	HER ALLERGIES:				
together.) □ I believe □ I do not	this student is physical believe this student sho	(Please note that most stud lly and mentally qualified to ould undertake a college pro- ning disability. Please desc	o pursue a normal	college program.	
OTHER: (List an	ny other information, w	hich you feel we need to kr	now about this stu	dent.)	
SIGNATURE OF	F EXAMINING PHYSI	ICIAN		DATE	