BARBER-SCOTIA COLLEGE
STUDENT HEALTH SERVICES

To the Student and Parents:

This form MUST be completed for clearance in Health Service. Information you provide will be used as an aid to provide health care, if necessary, while the student is enrolled. This information is strictly confidential and will not be released without the knowledge and written consent of the student, or parent of minor or dependent student.

Part I: PERSONAL DATA

Name____ Social Security # _____/_____/_____
(Last) (First) (Middle)

Home Address____ Apt# _______
(Number and Street)

____
(City) (State) (Zip)

Emergency Contact_____________________________ Relationship________________ Telephone ( )_____________________

PART II: AUTHORIZATION AND CONSENT

I hereby agree that the attending physician or college nurse may treat and transport if medically necessary by ambulance in case of illness or injury. The Health Services staff may release any medical information requested to other physicians to assist in treatment/care.

____

Signature of Student Parent/Guardian if minor

PART III: HEALTH HISTORY

Check if you have had any of the following and comment:

	YES	NO	COMMENT
HEART DISEASE	____	____	______________________________
CANCER	____	____	______________________________
HIGH BLOOD PRESSURE	____	____	______________________________
SEIZURES	____	____	______________________________
BROKEN BONES	____	____	______________________________
TUBERCULOSIS	____	____	______________________________
ASTHMA/BRONCHITIS	____	____	______________________________
MIGRANE HEADACHES	____	____	______________________________
SORE THROATS	____	____	______________________________
DIABETES	____	____	______________________________
SICKLE CELL/TRAIT	____	____	______________________________
HAY FEVER	____	____	______________________________
FREQUENT COLDS	____	____	______________________________
IRREGULAR PERIODS	____	____	______________________________
EMOTIONAL PROBLEMS	____	____	______________________________
HERNIA	____	____	______________________________
HIV/AIDS	____	____	______________________________

PART IV: PHYSICAL EXAMINATION

This form MUST be completed, signed and dated by a PHYSICIAN for clearance in Health Services.

Patient's Name____ DOB______________________ Age__________________

Height_______________ Weight_______________ TPR_____/_____/_____ BP_______/_______

Are there abnormalities of the following system?	Yes	No
EARS, NOSE OR THROAT____________________________________	____	____
EYES (Wear Glasses/Contacts)_______________________________	____	____
RESPIRATORY____	____	____
CARDIOVASCULAR____	____	____
MUSCULOSKELETAL____	____	____
GASTROINTESTINAL____	____	____
NEUROPSYCHIATRIC____	____	____
SKIN____	____	____
TEETH____	____	____
Is there loss or impaired function of any organ or limb?_______________	____	____
Does patient take medication on a daily basis?______________________	____	____
Any allergies to medications?___________________________________	____	____
Any limitations for physical activity (PE, intramurals or Athletics)?_____	____	____

PART V: CERTIFICATE OF IMMUNIZATION: TO BE COMPLETE BY PHYSICAN OR IMMUNICATION CLINIC.

The North Carolina Law requires all students entering college to present to school authorities a certificate of immunization. Students who have not met these requirements cannot be enrolled in the college. (G.S. 130-A-152 North Carolina Immunization Law 1986).

Tetanus (required within 10 years) Date_____________________________ MMR (Booster) Date_________________________

Tuberculin Skin test (required for admissions) Date__________________ Results_______________________
Chest X-Ray if skin test is positive. Date_______________________ Results_________________________
Treatment____

Do you have any recommendations regarding the care of this student?____

Are there any physical or emotional restrictions for this student?____

Physician's Signature_______________________________________ Date _______________________________

Print Name____

Address____

Telephone (   ) ______________________

Complete and mail to:
Barber-Scotia College
Student Health Services
145 Cabarrus Avenue, West
Concord, North Carolina 28025