

# HEALTH FORM

SAINT LOUIS CHRISTIAN COLLEGE

**PLEASE PRINT:**

Applying for admission in which semester? ☐ Spring ☐ Fall Year: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person to be notified in emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED FOR ALL ATHLETES AND RESIDENTIAL STUDENTS\***

**TO BE COMPLETED BY PHYSICIAN**

**DATE:** \_\_\_\_\_

Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PATIENT INFORMATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Respiration \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Mouth/Throat \_\_\_\_\_ Neck \_\_\_\_\_

Lymphatics \_\_\_\_\_ Chest/Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Breasts \_\_\_\_\_ Abdomen \_\_\_\_\_

Rectal \_\_\_\_\_ GU Male \_\_\_\_\_ GYN \_\_\_\_\_ Extremities \_\_\_\_\_ Back \_\_\_\_\_ Skin \_\_\_\_\_

Neurologic \_\_\_\_\_ Hernia \_\_\_\_\_ Joints \_\_\_\_\_

Lab Work: HGB \_\_\_\_\_ W.B.C. (if indicated) \_\_\_\_\_ Urine \_\_\_\_\_

TB Test: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Date \_\_\_\_\_

In your opinion, is this applicant physically qualified for a full academic life, including an active sports program?

( ) Yes ( ) No

Signature: \_\_\_\_\_

\*Please schedule an appointment for a physical with a physician immediately because it may be difficult to obtain on short notice.

(Continued on the next page)

THIS FORM IS TO BE COMPLETED AND RETURNED BY DEADLINE INCLUDED IN CHECKLIST.