

Please Complete All Information Requested

Required for entry to Colorado College

**STUDENT HEALTH RECORD
PHYSICAL EXAM**

Completed record may be given to student or mailed to: Boettcher Health Center
1106 N. Cascade Ave.
Colo Spgs, CO 80903
Tel. 719-389-6384
Fax 719-389-6928

Patient's Name _____ Today's Date _____
Height _____ Weight _____ Pulse _____ BP _____ Resp. _____ Temp. _____

Eyes - Fundi	L.	R.	Abdomen - organomegaly -	
Contacts	Yes	No	tenderness	PPD - (TB test) (required)
Vision	L.20/	R.20/	Hernia	Date:
w/glasses	L.20/	R.20/	Genitalia - testes (m)	Result:
Ears - Drums	L.	R.	pelvic exam (f)	If positive, chest x-ray:
Hearing	L.	R.	Extremities - upper	
Nose			lower	
Teeth			Neuro - reflexes	EKG - recommended for
Gums				varsity athletes:
Tonsils			Spine	
Pharynx			Skin	
Thyroid				
Nodes - Cerv.			Urinalysis A - S -	
Other			Hematocrit / Hemoglobin (required)	
Breasts			Other Labs, X-ray, etc.	
Lungs				
Heart Rhythm			Special Notes:	
Murmur?				

"CLEARANCE": Can this student participate in athletics, intramurals, or vigorous activity at a 6,000 ft. altitude? YES NO (circle one)

Examiner's Name (print) _____ Signature of Examiner _____ Phone _____

PLEASE PRINT Sex: F M (circle) **MEDICAL HISTORY** Social Security # _____

• to be completed by student •

All requested information below is required. These records are confidential by law.

Last Name _____ First _____ Middle _____ Age _____ Date of Birth _____ C.C. ID# _____

Current Insurance Company _____ Policy # _____ Date entering C.C. _____ as a: Fr So Jr Sr Grad SP

Parent or guardian home address _____ City _____ State _____ Zip _____ Phone _____

Drug Allergies _____ None known

Family Illness: Diabetes _____ Cancer _____ Heart Attack _____ Other _____

Student previous illness (year if known):

Chicken Pox _____ German Measles _____ Mumps _____ Seizures _____ Transfusion Dates _____ Pneumonia _____

Tuberculosis _____ Heart Murmur _____ Irregular Heartbeat _____ Mononucleosis _____ Cancer Treatment _____

Anemia _____ Head Injury _____ High Blood Pressure _____ Asthma _____ Diabetes _____

Hepatitis _____ Headaches _____ Frequent Colds/Hay Fever _____ Skin Trouble _____ Organ Transplant _____

Fracture or bad sprain _____ Other _____

Allergy shots for what? _____ Insect Bite sensitivity? _____

Medications being taken routinely _____

Operations (dates) Tonsils _____ Appendix _____ Hernia _____ Other (specify) _____

Injuries (serious) _____ Hospitalizations (dates & diagnosis) _____

Diagnosis of ADD / ADHD / LD? _____ Treated with Medications? _____

Psychiatric Consult _____

History of Depression _____ Medication _____ History of Eating Disorder _____

Menstruation Abnormalities _____

Use Cigarettes? _____ Qty/day _____ Drink Alcohol? _____ Qty/wk _____ History of substance abuse _____

If I am 18 years old or older and am physically unable to give my verbal consent and have a medical condition that requires ambulance transport or hospitalization, I give the Boettcher Health Center staff permission to inform my parents and the College administrator on emergency duty of my medical situation. This consent will be valid as long as I am enrolled at Colorado College. **Mark one:** Yes, I give permission. No, I do not give permission.

Student's signature _____ Date _____

See reverse side to add special additional medical history.

