BEULAH HEIGHTS UNIVERSITY
Admissions Office
892 Berne Street, SE • Atlanta, GA 30316

CONFIDENTIAL

APPLICANT'S PHYSICAL EXAMINATION CERTIFICATE

To the prospective student: Please fill out this form carefully and accurately (ink of typewriter). The material on the reverse side of this sheet is to be filled in by a medical doctor of your choice (preferable your family doctor). All information on this sheet will be treated as confidential.

HEALTH RECORD

1. PERSONAL INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____
(Street) (City) (Postal Code) (Country)

Place of Birth: _____ Birth Date: _____ [ ] Male [ ] Female

2. FAMILY HISTORY:

	Living	Present state of health	Deceased	Cause of death
Father				
Mother				
Brothers				
Sisters				
Wife				
Husband				
Children				

Has any member of your family or near relatives ever had: *(Name relationship)* Tuberculosis _____ Cancer _____ Diabetes _____ Kidney disease _____ Nervousness _____
Heart disease _____ any chronic disease not mentioned _____

3. HISTORY OF INJURIES, OPERATIONS:

Have you had any injuries and /or operations during the past five years? (give nature, date) _____
_____

4. HISTORY OF PREVIOUS ILLNESSES: *(Check and give date)*

Acute sore throat _____ Allergy _____ Appendicitis _____
Asthma _____ Diphtheria _____ Epilepsy _____
Goiter _____ Tonsillitis _____ Rheumatic fever _____
Pneumonia _____ Thyroid _____ Paralysis _____
Whooping cough _____ Malaria _____ Influenza _____
Tuberculosis _____ Thyroid _____ Scarlet fever _____
Pleurisy _____ Measles _____ Dysentery _____
Resulting disabilities if any _____

5. GENERAL PHYSICAL CONDITION:

Height_____ Usual weight _____ Present weight _____ Duration of gain or loss _____ Skin Color_____ Eyes _____ Vision _____ Wear glasses _____ Reading glasses only _____ Constantly _____ Date of last eye examination _____ Date of last dental examination _____ Need dental work _____ Last visit to dentist _____ Tonsils _____

6. GENERAL OBSERVATIONS:

Can you eat a normal balanced diet? _____ Do you sleep well? _____ Appetite good? _____ Eat regularly? _____ Use coffee daily? _____ Tea? _____ Use aspirin often? _____ Take laxative? _____ if so, type _____ Exercise regularly? _____ do you participate in _____ tennis, baseball, basketball, golf, etc? _____ if so, state what _____

7. IMMUNIZATION RECORD:

Have you been vaccinated against the following: *(give date)* Smallpox _____ Typhoid _____ Diphtheria _____ Scarlet fever _____ Have you been treated for tuberculosis? _____ Result _____ Did you have a chest X-ray? _____ Date _____ Report _____

Signature _____ Date _____

TURN OVER

BEULAH HEIGHTS UNIVERSITY
Admissions Office
892 Berne Street, SE • Atlanta, GA 30316

CONFIDENTIAL

APPLICANT'S PHYSICAL EXAMINATION CERTIFICATE

To be filled out by a medical doctor and returned to Beulah Heights University

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____
(Street) (City) (Postal Code) (Country)

A. Heart _____ Lunge _____
Blood Pressure _____ Nose and throat _____
Back _____ Sinuses _____
Skin _____ Ears _____
Eyes _____ Posture _____
Feet _____ Speech, normal _____
Operations _____
_____
Urinalysis _____
Date _____ Color _____
Reaction _____ Sp. Gr. _____
Glucose _____ Alb. _____

B. Evidence of any nervous disorders, emotional conflicts, peculiarities of temperament, etc. _____
_____
_____

C. Are there any physical deformities or abnormalities, internal or external? [ ] yes [ ] no *(if yes, give details):*_____
_____
_____

D. Does applicant require a special diet? [ ] yes [ ] no *(if yes, give details):* _____
_____
_____

E. Is there any thyroid or glandular difficulty? [ ] yes [ ] no *(if yes, give details):* _____
_____
_____

G. Do you consider the applicant to be physically fit for the demands of student life? [ ] yes [ ] no *(if yes, give details):* ____
_____
_____

H. Would you classify the applicant's health and physical condition: [ ] Excellent [ ] Good [ ] Fair [ ] Poor

OVER ALL REMARKS: _____
_____
_____
_____
_____

Signature _____ M.D. Date _____

Address _____
(Street) (City) (Postal Code) (Country)