

PMCS SP

Program for Mexican Culture and Society in Puebla

PHYSICAL EXAMINATION REPORT

Student's name

Date of birth

College

1. Past Medical History

Give age at which student has had any of the following and any complications:

Anorexia _____

Asthma _____

Bulimia _____

Chicken pox _____

Convulsions _____

Diabetes _____

Eating disorders _____

Epilepsy _____

Fainting spells _____

Gastrointestinal disease _____

German measles _____

Hay fever _____

Hypoglycemia _____

Infantile paralysis (polio) _____

Infectious hepatitis _____

Infectious mononucleosis _____

Jaundice _____

Malaria _____

Measles _____

Mumps _____

Rheumatic fever _____

Skin disorders _____

Tuberculosis _____

Urinary tract infection _____

Other (name) _____

Operations

Date

Complications

Has student ever lost one or more terms from school because of illness? _____

Does student have dysmenorrhea of a degree to interfere with student obligations? _____

Allergies (to medications or foods) _____

Type of Reaction (hay fever, asthma, anaphylactic shock, skin rash) _____

2. Medicines or Allergens taken regularly or irregularly.

Name

Dosage

Purpose

3. Prescription of glasses or contact lenses _____

4. Tuberculin Test (PPD) Date given _____ Result _____

5. Chest X-ray (if tuberculin test has converted to positive since last test). Date given _____

Result _____

6. Dates of Most Recent Immunizations

Diphtheria-pertussin-tetanus _____

Diphtheria-tetanus _____

Tetanus-toxoid _____

Polio-Sabin trivalent 1st dose _____ 2nd dose _____ Booster _____

7. Dates of Other Immunizations

Measles _____

Cholera _____

Mumps _____

Typhus _____

German measles _____

Yellow fever _____

Typhoid-series _____

Booster _____

8. Physical Examination

Height _____ Weight _____ Blood pressure _____

Indicate any abnormality of:

Skin _____

Eyes, Ears, Nose, Throat _____

Thyroid _____

Heart _____

Lungs _____

Abdomen _____

Spine and Extremities _____

Nervous System _____

Genitalia (when indicated) _____

9. Are there any health problems of which we should be aware for which this student is not taking medication but which might necessitate special attention during her/his stay abroad; i.e., sickle cell disease, congenital heart disease, emotional problems?

Date _____

Signature of examining physician

Printed name of examining physician