

PMCSPP

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