Part C

ADELPHI UNIVERSITY

Family name/surname		First/given	ame MI	
Adelphi ID no. or SSN		Date of birt	Age	
SECTION 1 (Student must complete				
Drug allergies			Food alleraies or intolerance	
Does student require EpiPen? I Yes I No Has student been trained in its use? I Yes I No Medications (Please include prescription medications and any over-the-counter medications taken daily.):				
Past Medical History				
Family Medical History				
SECTION 2: HEALTHCARE PROVIDER'S EXAMINATION (to be completed by provider only) Height Weight BMI Blood pressure Heart rate Vision R L (corrected or uncorrected) Hearing (whisper acceptable)				
System	Satisfactory	Unsatisfactory	Details If Unsatisfactory	
HEENT				
Respiratory				
Cardiovascular				
Abdominal				
Genitourinary				
Musculoskeletal				
Skin				
Neurovascular				
Tuberculosis Testing: This is mandatory for all international students and students entering into health-related clinical sites or student teaching. For international students or those who may have received BCG vaccine, the TB-Spot (preferred) or Quantiferon blood test is required. (A copy of the lab test is required.)				
TST (PPD): Date placed	R or L forearm (C	Circle one.) Date read	Result in mm (must be written):	
(48-72 hours is the ONLY acceptal	ole time frame)			
TB-Spot Result: (must include labs)				
Any positive TB test resullt requires	a chest X-ray (within five y	years) and a copy of the writte	n results to be attached.	
Student is cleared for all physical	activities and/or athletic o	activities. Yes No		
If no, please explain why				
Healthcare provider's name		Date of exam		
Signature		License no	Phone	

This form will not be accepted without date and healthcare provider's signature and stamp, or license number if no stamp available.