Oakwood University

Health and Counseling Services

7000 Adventist Blvd. - Huntsville, AL 35896 - Phone: 256-726-7840 - Fax: 256-726-7471 - Email: ouhs@oakwood.edu

Medical History & Physical Form

Student Information

(To be completed by the student)

Last Name: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Home Phone: _____ Cell Phone: _____

Date of Birth (mm/dd/yy): _____ Gender: M ____ F____ SSN: _____

For Emergency Notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical History

(To be completed by the student: check any of the following that you have experienced)

____Anemia	____ Anxiety	____Asthma	____Back pain	____High Blood Pressure
____Depression	____ Diabetes	____Bronchitis	____Allergies	____Heart Disease
____Kidney disease	____ Meningitis	____Menstrual Problems	____Cancer	____Migraine Headaches
____Pneumonia	____ Seizure	____Sickle cell	____Ulcer	____ADD/ADHD

List any other illness(es), disabilities or mental health problems you have had or have, and any related treatments:

_____

_____

Physical Examination

(To be completed by the Physician)

Height: _____ Weight: _____ Blood Pressure: _____ Temp: _____ Pulse: _____ Resp: _____

Vision: R_____ L _____ Corrected: R _____ L _____

Evaluation	Normal	Abnormal	Comments		Date	Normal	Abnormal
Head				Hct/Hgb			
Eyes				Glucose			
Ears				Urinalysis			
Nose				RPR/Wasserman			
Throat							
Cardiovascular				Medications:			
Respiratory							
Gastrointestinal							
Genitourinary				Drug Allergies:			
Extremities							
Neurological							
Musculoskeletal				Special Needs:			
Skin				Other:			

Print Name or Clinic Stamp: _____ Phone: _____

Address: _____ City: _____ state: _____ Zip: _____

Physician's Signature: _____ Date: _____

PLEASE COMPLETE AND RETURN PRIOR TO REGISTRATION