# Medical Examination of Student Teacher

**PLEASE RETURN TO: Education Division**

**Lindsey Wilson College, 210 Lindsey Wilson St., Columbia, KY 42728 or email completed forms to**

**educ.data@lindsey.edu** **or** **sappb@lindsey.edu**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History**

Medical: All serious medical and psychiatric diseases such as diabetes, epilepsy, heart disease, etc.

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**Physical**

General Appearance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| 1. Eyes | 6. Lungs |
| --- | --- |
| 2. Ears | 7. Abdomen |
| 3. Teeth & Gums | 8. Nervous system |
| 4. Thyroid | 9. Extremities |
| 5. Heart | Other |

**Tests**

Urine Sugar: Pos. \_\_\_\_\_\_\_\_\_\_\_\_ Neg. \_\_\_\_\_\_\_\_\_\_\_ Tuberculin or X ray: Pos. \_\_\_\_\_\_\_\_\_\_\_\_ Neg. \_\_\_\_\_\_\_\_\_\_\_\_

**Copy of TB Risk Assessment in lieu of testing \_\_\_\_\_\_\_\_\_\_\_\_**

**Certification of Medical Examination**

This is to certify that I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and find him/her free of communicable disease and any physical disabilities that might interfere in the performance of his/her duties, except as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physician’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_