

# TENNESSEE WESLEYAN COLLEGE

## Medical Examination Form

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
           *last*                                  *first*                                  *middle*
2. Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
                                   *street*                                  *city*                                  *state*                                  *zip*
3. Name of Parents or Guardian \_\_\_\_\_ Address \_\_\_\_\_
4. General History: Please Specify

	Past (Date)	Current	Treatment or Comments
Allergies			
Diabetes			
Emotional Disturbance			
Epilepsy (or other CNS illness)			
Gastrointestinal Problems			
Heart/Circulatory Problems			
Menstrual Problems			
Musculo-skeletal Problems			
Respiratory Problems			
Other			

Name any medicines or drugs that you use regularly and why \_\_\_\_\_

5. Immunizations - **MINIMUM IMMUNIZATION REQUIREMENTS FOR COLLEGE ENTRANCE:**
- DPT** 3 or 4 doses, with a dose of Tetanus Diphtheria given ten years after the
- Td** last DPT minimum of two doses, with a third dose following one year later, if just beginning immunizations.
- Polio Vaccine\*** Three doses, one of which was given on or after the sixth birthday. \*Not Required for students past 18.
- Measles Vaccine** One dose given on or after the first birthday, or a history of measles disease diagnosed and attested to by a physician. Any measles vaccine given prior to 1966, killed virus vaccine or live vaccine with gamma globulin, is now known to be ineffective (not permanent) and should be repeated.
- Rubella Vaccine** One dose given on or after the first birthday. Females past their 13th birthday who have not had the vaccine are not required to have it, but should have serology to determine if immune to the disease.

**This section must be completed by physician or health department.**

VACCINE	Date of last dose?	Was this dose the 1st, 2nd, 3rd, 4th or 5th?
D.P.T (Diphtheria-Pertussis-Tetanus)		
Td (Tetanus-Diphtheria)		
Rubeoia (Measles)		
Rubella		
Polio		
Mumps		

# TENNESSEE WESLEYAN COLLEGE

TB Skin Test: Date \_\_\_\_\_ Results \_\_\_\_\_

6. Laboratory  
 Urinalysis: ALB \_\_\_\_\_ Sugar \_\_\_\_\_ Sp.Gr. \_\_\_\_\_  
 Hemoglobin/Hematocrit \_\_\_\_\_

7. Physical Examination (To Be Completed By Physician)  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ Pulse \_\_\_\_\_  
 Vision: R20/ \_\_\_\_\_ Corrected 20/ \_\_\_\_\_  
 L20/ \_\_\_\_\_ Corrected 20/ \_\_\_\_\_

	Normal	Abnormal	Please Describe Abnormalities
Eyes			
Ears			
Nose			
Throat			
Chest & Lungs			
Heart			
Abdomen			
Spine			
Extremities			
Lymphatics			
Neurological			
Skin			
Genitalia			

8. Does this student have any physical disability that will prevent him/her from participating in any form of physical education or intercollegiate athletics?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please answer one of the following:

1. This student can engage in limited exercise with the following restrictions: \_\_\_\_\_

2. This student should not be required to take any form of physical education for the following medical reasons: \_\_\_\_\_

9. Does this student have a handicap, current treatment or any other conditions which produces special needs?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please describe: \_\_\_\_\_

Date \_\_\_\_\_ Examiner \_\_\_\_\_ M.D.  
 Address \_\_\_\_\_

Please mail to: Director of Enrollment Services  
 Tennessee Wesleyan College  
 204 East College Street  
 Athens, TN 37303

Please mail a copy to:  
**(Student-Athletes ONLY)**

Donny Mayfield, Athletic Director  
 Tennessee Wesleyan College  
 204 East College Street  
 Athens, TN 37303

