Manhattan College Health Services

History & Physical

Name:_____ **Date of Birth:**_____ **Age:** _____ **Gender:** _____ **ID #** _____

Home Address: _____

Emergency Contact: _____ **Phone #:** _____

Student Marital Status:_____ **Veteran (Branch & Dates)** _____

Do you have Health Insurance? Y or N (circle one) Please complete the insurance enroll/waiver form on the Health Services website.

Date of Physical Exam (within one year)**:**_____ *(for Undergraduates)

(Athletes need to complete NCAA physical form. See Sports Medicine Webpage at gojaspers.com)

Personal Medical History - Please circle all below that apply to you

☐ *Check here if none apply*

Alcohol/drug abuse	Dental Problem	Mononucleosis
Anxiety/depression/mental illness	Diabetes	Rheumatic Fever
Asthma	Endometriosis	Seizures
Cancer	Gastrointestinal Problems	Sickle Cell Anemia
Cardiac Condition/Heart Murmur	Hepatitis B or C Disease	Thyroid Disorder
Coagulation Disorder	High Blood Pressure	Tuberculosis
Concussion	HIV/AIDS	Other please explain: _____

Family History

	Age	State of Health	Age of Death	Cause of Death
Father				
Mother				
Siblings				

SIGNIFICANT MEDICAL HISTORY:_____ **SURGICAL HISTORY:** _____

Height:_____ Weight:_____ BP:_____ Pulse: _____

**Current Medications: _____

**Allergies (medication, environmental, foods): Epi-pen needed? Y or N _____

System	Normal	Describe Abnormality
Skin		
HEENT		
Lungs / Chest		
Heart / Vascular System / *Athletes: Heart murmur evaluation		
Abdomen (recital if indicted)		
Genito-urinary		
Pelvic (if indicted)		
Musculoskeletal		
Neurological		
Psychological		
Other: *Athletes: Femoral pulses Marfan syndrome		

Patient is FULLY CLEARED to Participate in Activities / Sports including Division 1 without ANY Restrictions.

YES or NO (circle one)

_____

Signature (MD, DO, NP, PA): _____

Provider Name & Office Stamp:

Address: _____

Phone: _____