

Medical History Form

Morehead State University Teacher Education Services
 Clinical Practice Medical Form – Health Care Provider’s Examination



Name: _____ MSU ID Number: _____

Home Address: _____ Male Female

Home Telephone: _____ Age: _____ Date of Birth: _____

Current Health Issues

Y	N						
<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Please List)	Medications	_____	Food	_____	Other
		History of Anaphylaxis to _____		Epi-Pen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma:	Asthma Action Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Please Attach)	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2			
<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	_____				
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please Specify)	_____				

Current Medications _____

Physical Examination

Date of Examination _____

Height _____ Weight _____ BMI _____ BP _____

(Check = Normal / If Abnormal, please describe)

<input type="checkbox"/> General	<input type="checkbox"/> Lungs	<input type="checkbox"/> Extremities
<input type="checkbox"/> Skin	<input type="checkbox"/> Heart	<input type="checkbox"/> Neurologic
<input type="checkbox"/> HEENT	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Other
<input type="checkbox"/> Dental/Oral	<input type="checkbox"/> Genitalia	_____

Screening

Vision		Hearing		<input type="checkbox"/> The entire examination was normal
Pass	Fail	Pass	Fail	
<input type="checkbox"/>	<input type="checkbox"/> Right Eye	<input type="checkbox"/>	<input type="checkbox"/> Right Ear	
<input type="checkbox"/>	<input type="checkbox"/> Left Eye	<input type="checkbox"/>	<input type="checkbox"/> Left Ear	

Tuberculosis Risk Factor Assessment

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	High risk for tuberculosis infection
<input type="checkbox"/>	<input type="checkbox"/>	Referred to local health department for further TB infection evaluation
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis test performed (specify: ___ TST/ ___ BAMS) Date of Chest X-ray _____
		No further follow-up unless signs/symptoms of Tuberculosis infection develop <input type="checkbox"/>

This student has the following problems that may impact his/her educational experience:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficiency
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> Other	

Certification of Medical Examination

This is to certify that I have examined _____ and find him/her free of any communicable disease(s) and also any physical limitations that might interfere with performing his/her duties as a teacher.

Signature of Licensed Medical Practitioner: _____

Address: _____

Date of Examination _____

*16 KAR 5:040 Admission, placement, and supervision in student teaching. Section 3 Admission to Student Teaching (1) A record or report from a valid and current medical examination, which shall include a Tuberculosis (TB) risk assessment, shall be placed on file with the admission committee.
 Morehead State University – Educational Service Unit – 2014