PHYSICAL FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

TO THE APPLICANT: This form must be completed by your physician no more than one year before you enroll. The deadline for submitting a complete Physical Form is thirty (30) days after the first day of registration for the first semester enrolled if you are a full-time and/or resident student. A complete Physical Form includes this form AND the results from the Tuberculin PPD test AND, if this test is positive, the results from the chest X-ray.

These tests may cost up to $100 or more and may take up to 7-10 days or longer to complete. No matter the cost or the time required, it is your responsibility to submit a complete Physical Form before the above deadline.

You will not be allowed to attend any class after midterms **until this complete Physical Form has been submitted to the Admissions Office.**

TO THE PHYSICIAN: Every blank is required. Thank you for your assistance.

Name of Applicant _____ Today's Date MM/DD/YYYY

Date of Birth MM/DD/YYYY Height _____ Weight _____

Temperature _____ Pulse _____ Blood Pressure _____

Vision (without glasses) Right _____ Left _____

Vision (with glasses) Right _____ Left _____

Urine _____ Sugar _____ Ketone _____

Tuberculin PPD (Mantoux): Date Given MM/DD/YYYY Date Read MM/DD/YYYY Results* _____

*If positive, chest X-ray: Date Read MM/DD/YYYY Results _____

This test is required.

Neurological _____

General Appearance ☐ Good ☐ Fair ☐ Poor

Skin _____ Reoccuring skin problems? _____

Ears _____ Nose/Throat _____

Lungs _____ Abdomen _____ Hernias ☐ Yes ☐ No

Asthma ☐ Yes ☐ No Frequency of attacks _____ Medication _____

Cardiovascular _____

Gynecological History _____

Extremities _____

Orthopedic _____

General Comments _____

Does this person seem to be capable of being enrolled in college? ☐ Yes ☐ No

Physician's Signature _____

Physician's Name _____

Address _____ City _____ State _____ ZIP _____

Phone ( )

MEDICAL HISTORY FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

You may complete this Medical History Form without a physician.

Name

Address City State ZIP

Marital Status ☐ Single ☐ Married Age Gender ☐ Male ☐ Female

Date of Birth MM/DD/YYYY Occupation ☐ Part-Time Student ☐ Full-Time Student

Do you intend to live in the residence halls? ☐ Yes ☐ No ☐ Hearing ☐ Deaf

PERSONAL HISTORY (Check all that apply. If yes, give the date of the most recent symptoms.)

☐ Drug Abuse _____
☐ Diabetes _____
☐ Seizures _____
☐ Rheumatic Fever _____
☐ Arthritis _____
☐ Skin Problem _____
☐ High Blood Pressure _____
☐ Heart Disease _____
☐ Tuberculosis _____

☐ Thyroid Disease _____
☐ Anemia _____
☐ Scoliosis _____
☐ Back Injury _____
☐ Mumps/Measles _____
☐ Chicken Pox _____
☐ Venereal Disease _____
☐ Kidney Disease _____
☐ Liver Disease _____

☐ Stomach Ulcer/Gastritis _____
☐ Gallbladder Disease _____
☐ Allergies _____
☐ Pneumonia _____
☐ Asthma _____
☐ Migraine Headaches _____
☐ Previous Pregnancies _____
☐ Sexually Transmitted Disease _____
(condyloma, HIV-positive)
☐ Other _____

Do you take any medications regularly? ☐ Yes ☐ No (If yes, please list them.)

Have you had any surgeries? ☐ Yes ☐ No (If yes, please give type of surgery.)

Have you had any other injuries? ☐ Yes ☐ No (If yes, please give type of injury.)

Have you ever sought or received psychiatric/psychological counsel? ☐ Yes ☐ No (If yes, please list below.)

→ Name of Psychologist City State

→ Name of Facility City State

→ Dates of Care

Please attach a separate letter indicating the circumstances, hospitalizations, and any medications given.

IMMUNIZATIONS (Give month, day, and year.)

DPT (diphtheria, tetanus, whooping cough)

OPV (oral polio) German Measles (rubella)

Measles (rubeola) Mumps

FAMILY HISTORY (Give state of health or cause of death.)

Father Brothers

Paternal Grandparents

Mother Sisters

Maternal Grandparents

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

8400 Burr Street | Crown Point, IN 46307
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard

If you have questions, please call us or visit hylesanderson.edu.
admissions@hylesanderson.edu | **@hylesanderson**