



Huston-Tillotson University

Austin, Texas

Health Form

THIS FORM MUST BE COMPLETED AND SIGNED BY A MEDICAL PHYSICIAN

Health information obtained on this document is used by the Campus Nurse in order to provide the best possible medical care to all students. Information submitted is kept in strict confidence. PLEASE TYPE OR PRINT LEGIBLY IN THE SPACE BELOW.

Last Name

Middle Initial

First Name

Gender

 M F

Parent's Telephone

Birth Date

 / /

E-Mail

Parent's Name

Parent's Address

Parent's City

State

Zip + 4

Height

 ()

Weight

 ()

Blood Pressure

 /

General Appearance

To be completed by medical personnel. Check all that apply.

WNL	ABNORMAL (Describe)	ABNORMAL (Describe)	WNL
Skin and hair _____			Throat _____
Head _____			Neck _____
Eyes _____			Heart _____
External _____			Rhythm _____
Fundoscopic _____			Sounds _____
Ears _____			Size _____
External _____			Abdomen _____
Canal _____			Genitalia _____
Tympanic _____			Extremities and _____
Membranes _____			Aerial Skeleton _____
Hearing tests _____			Structure _____
Archery (outdoor) _____			Strength _____
Nose _____			Range of motion _____
Mouth _____			Lymph nodes _____
Tongue _____			Neurological _____
Teeth _____			Reflexes _____
Gums _____			Coordination _____
Chest _____			Balance _____
Appearance _____			Motor _____
Breath sounds _____			Sensory _____

Dipstick Urinalysis:

pH Protein Glucose Ketone
 Bilirubin Blood Nitrite Urobilinogen

This Admission form should be completed and returned to:

Campus Nurse:

Huston-Tillotson University
900 Chicon Street
Austin, TX
78702-2795

Telephone:
512.505.3039

Toll Free:
1.877.487.8702

Fax:
512.505.3190

Other Important Numbers

Main Telephone Number:
512.505.3000

Enrollment Management:
512.505.3028

Financial Aid:
512.505.3031

Housing:
512.505.3157

Web site address:
www.htu.edu

Student Athlete:
Sports physical packets are available on the HT website under sports medicine. Physical packets must be completed, returned to health services and athletic trainer.

More Information:
Health services information is available to view on our website under **Student Life**, then **Student Services** then **Health Services**.

Health Form

Comments and/or recommendations:

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All full-time (12 credit hours or more) admitted students are required to show proof of medical insurance, or they must purchase coverage from the University's carrier before completing the registration process.

Need To Know:
Any student requiring the bacterial meningitis the first initial dose at least 10 days prior to moving into residence halls or registering for class whichever comes first.

Discussed examination with parent(s)/guardian? Yes No

Date

Physician's Signature

Athletes Only

If examination is for athletic participation, complete the following certificate:

I certify that on this date, I have examined the named student as indicated by the items checked and recommend him/her as being physically able to participate in supervised athletic activities as indicated below:

- | | | | | |
|--------------------------------------|-------------------------------------|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Other _____ | | | | |

Date

Signature of Examining Physician

Required Immunizations	Completed		Date of Last Injection
	Yes	No	
Bacterial Meningitis (State law requires all students age 21 years or younger); must have the initial dose or booster during the first 5 year period preceding			
D.T. (State law requires one dose, within the past 10 years)			
TB skin test or chest x-ray (within year)			
Polio			
Have you ever had the TB vaccine?			

All students born on or after January 1, 1957, must provide documentation of immunization against measles, mumps, and rubella.

MMR Vaccine Dose #1 _____ Dose #2 _____

Hepatitis B Vaccine Dose #1 _____ Dose #2 _____ Dose #3 _____