## BARTON COUNTY COMMUNITY COLLEGE ALLIED HEALTH PROGRAMS

## Health Record

(To be completed by the student)

Students in the Allied Health programs must provide evidence of good health. Complete the personal data below and return with your application to **Barton County Community College**, 245 NE 30 Rd., Great Bend, Kansas, 67530. This form must be returned before your enrollment can be completed.

Name				Date of Birth	Male	Male [] Female []		
Last	First	Ν	Aiddle					
Family Physician								
	Name		Street	City		State	Zip	
Physician Phone Number								
Medical History								
Chronic illness or complain	its:							
Medication currently taking								
Allergies to drugs:								
Allergy to Latex:								
Surgeries and/or injuries:								
Are you Pregnant?	When a	ire you di	ue?	How do you plan	to deliver?_			
Have you ever had or hav	e you now:							
	Never	Have	Now		Never	Have		
Initial each item	Had	Had	Have	Initial each item	Had	Had	l Have	
Pneumonia				Anemia				
Earache				Colitis				
Deafness				Ulcer				
Mental or Nervous Disorde	r			High blood pressure				
Alcohol addiction				Rheumatic fever				
Drug/Narcotic addiction(s)				Heart murmur				
Jaundice				Chest pain				
Infectious Mononucleosis				Spitting blood				
Tendency to bleed				Epilepsy				
Thyroid treatment				Convulsions				
Hay fever				Fainting spells				
Asthma				Diabetes				
Sinusitis				Bloody urine				
Frequent headaches			1	Kidney trouble				
Migraine				Back trouble				

Date

Student Signature

Date

Signature of Healthcare Provider that reviewed Health History

## BARTON COUNTY COMMUNITY COLLEGE ALLIED HEALTH PROGRAMS

Student: Mark your program: MLT [] Nursing [] Medical Assistant [] Emergency Services [] **Physical Examination** (To be completed by a physician, physician assistant, or an ARNP) 
 First
 Middle
 Male []
 Female []
Name \_\_\_\_\_\_ Height Weight Distance Vision: OD OS OU Color Vision Near Vision: OD\_\_\_\_ OS\_\_\_ OU\_\_\_\_ Vital Signs: T P R BP ABNORMAL NORMAL SYSTEM **DESCRIBE ABNORMALITIES** HEENT: Heart: Lungs: Abdomen: Musculoskeletal: Back: Nervous System: (Reflexes, Coordination) Skin:

COMMENTS: (Indicate any handicaps, restrictions, or limitations)

Yes / No – Does this student meet the physical qualifications for their respective program?

Yes / No – Does this student meet the sensory qualifications for their respective program?

Date

(Signature of examining physician, physician assistant, or an ARNP)

All records submitted to the program in the admissions process are kept confidential. They become the property of Barton County Community College Allied Health Programs and will not be returned to the student. Barton County Community College is an Equal Opportunity Institution.