HEALTH SCREEN:

Age: _______

Place Of Birth _________________________________

Are you currently being treated by a health care professional for any condition(s)?

____________________

Are you taking any medications regularly or as needed (other than aspirin/Tylenol?) ____________________

_________________________________________________________________________________________

Medical History

NO   YES   Contagious skin rashes

NO   YES   Other than at birth, have you ever had hepatitis or other liver disease?  List:

____________________

NO   YES   Do you have any other medical conditions not mentioned above?

______________________________

____________________________________________________________________________________

_________________________________________________________________________________________

Student Signature                                                                                                   Date

I have screened this patient and found them to be free of communicable illness.

MD, DO, ARNP, PA or RN Signature                                                                    Date