*This form is NOT required for medical students, EMT, Masters of Clinical Nutrition, Dentistry, and Speech Pathology students. Check with your program if unsure on the completion of this form.*

**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