

This side is to be completed by your family physician. Please ensure all mandatory tests are completed before returning this form to the Office of Admissions.

Clinical Evaluation: Please Comment on all Abnormalities.

	Normal	Abnormal
Head, Face, Neck, Scalp		
Sinuses		
Mouth and Throat		
Ears		
Eyes		
Pupils		
Lungs and Chest		
Heart: Thrust, Size, Rhythm, Sound		
Vascular System		
Abdomen and viscera (include Hernia)		
Skin, lymphatic		
Neurology		
Psychiatric		
Pelvic: Vaginal Rectal		
Endocrine System		
Spine (Musculoskeletal)		

Laboratory Results and Measurements

Please give dates and results (when appropriate) (* indicates a mandatory test).

HGT* ___ WT* ___ B / P* ___ TEMP* ___ PULSE* ___ RESPIRATION* ___ VDRRL/RPR* ___

HIV TESTING* (IF RISK FACTORS ARE PRESENT) ___ HCT*/HGB* ___ Blood Sugar* ___

HEMOGLOBIN ___ URINALYSIS: ___ Protein ___ Sugar ___ Blood ___ Micro ___

PAP SMEAR ___ GC CULTURE ___ CHLAMYDIA CULTURE ___ PPD* / CHEST X-RAY ___

VISION SCREENING

Left Eye*	Right eye*
- With Glasses / Contacts 20 / _____	- With Glasses / Contacts / 20 / _____
- Without Glasses / Contacts / 20 / _____	- Without Glasses / Contacts 20 / _____

Can the student participant in ROTC (if desired)? ___ YES ___ NO: if no please comment _____

Required Immunization for admissions to Voorhees College: Students must complete mandatory immunization requirements before submitting this form or have a statement from the family physician as to why their immunizations have not been completed. Please submit a copy of student's immunization records attached to this form.

IMMUNIZATIONS FOR INTERNATIONAL STUDENTS ONLY

___ I have been vaccinated for both measles and German Measles. A copy of my immunization information is attached. (Copy must be legible, with no modifications)

___ My immunization information, certified by a licensed health professional, is listed below.

..... **CERTIFICATION**

	<u>Immunization Date</u>	<u>Type of vaccine</u>	<u>Date of Positive Titer</u> (In Lieu of Immunization)
1. Hepatitis B #1	_____	_____	_____
2. Hepatitis B #2	_____	_____	_____
3. Hepatitis B #3	_____	_____	_____
4. Tetanus(Within the last 10 years)	_____	_____	_____
5. Measles (Rubeola) #1	_____	_____	_____
6. Measles (Rubeola) #2	_____	_____	_____
7. German Measles (Rubella)	_____	_____	_____
8. Measles Disease History: Date of Measles (Rubeola) Disease: _____			

(Note: A history of German measles disease does not meet the immunization requirement)

I certify the above information is correct:

Doctor's Signature _____ Date ___ / ___ / ___

Printed Name _____ Address or Stamp _____

Telephone Number () _____

**The following vaccines are recommended for all students but not Mandatory:
(Meningococcal, and Varicella (if no prior history of Chicken Pox)**

**Please return this form to:
Voorhees College - Office of Admissions
213 Wiggins Drive
Denmark, South Carolina 29042**