UNIVERSITY OF JUSTICE (USJ)

Student Medical History and Physician Examination

I. STUDENT INFORMATION

FULL NAME OF STUDENT _____

STUDENT ID _____

DATE OF BIRTH _____

PERMANENT HOME ADDRESS _____

ZIP CODE _____

DEGREE PROGRAM _____

PRIMARY PHONE _____

USJ SCHOOL EMAIL ADDRESS _____

II. FORM REASON FOR STUDENT / PHYSICIAN

Please select the primary reason(s) for this medical examination:

- ☐ 1. Initial Enrollment / Entrance Exam
- ☐ 2. Pre-Clinical / Clinical Rotations
- ☐ 3. Internship and Simulations
- ☐ 4. International Assignment / Study Abroad
- ☐ 5. Post-Illness Return to Campus
- ☐ 6. Graduation / Separation Health Summary

III. MEDICAL HISTORY INTAKE

ANSWER ALL QUESTIONS. Explanations for "YES" answers are required in Section IIIA.

Does Student have a history of:	YES	NO	Does Student have a history of:	YES	NO
1. Frequent/severe headaches or migraines?			12. High blood pressure?		
2. Fainting, dizzy episodes, or syncope?			13. Murmurs, palpitations, heart problems?		
3. Stroke, TIA or head injury?			14. Former or current smoker?		
4. Epilepsy, seizures or neurologic disorders?			15. Stomach, esophageal, intestinal problems?		
5. Eye or vision problems?			16. Jaundice, hepatitis, or liver disease?		
6. ENT problems; hearing loss, hoarseness?			17. Intestinal, rectal problems or hernia?		
7. Allergies or anaphylactic reaction?			18. Urinary or kidney problems, blood in urine?		
8. Shortness of breath, asthma, or COPD?			19. Diabetes, thyroid, or endocrine disorders?		

9. History of abnormal chest x-ray?			20. Joint or back pain/injury?		
10. Positive TB skin test, IGRA, or TB?			21. Is the student pregnant?		
11. Aneurysm, blood clot or PE?			22. Rheumatologic disorder?		

III. MEDICAL HISTORY (HISTORY CONT.)

Additional Clinical History	YES	NO
23. Anemia or blood disorders?		
24. History of blood transfusion?		
25. Malaria, tropical or other infectious disease?		
26. Any skin or nail disorder?		
27. Cancer of any type?		
28. Any thickening or lump in breast or testicle?		

THE PAST TWO (2) YEARS (Mental Health Screening)

Student Screening Questions:	YES	NO
29. Referred/evaluated for special education (IEP, 504, etc)?		
30. Psychotherapy/counseling for mood/behavioral health concerns?		
31. Prescribed medication for depression, anxiety, or focus?		
32. Diagnosed with alcohol or drug-related problems?		
33. Symptoms of eating disorder (binging/restriction)?		
34. Hospitalized for mental health or engaged in self-injury?		
35. Interested in consultation on mental health treatment overseas?		
36. Any other medical or mental health condition not listed above?		

IIIA. EXPLANATIONS FOR "YES" ANSWERS

Required: Item number, date of occurrence, and Physician's findings:

IV. CURRENT MEDICATIONS & HOSPITAL HISTORY

CURRENT MEDICATIONS (RX, OTC, VITAMINS)

ALLERGIES (MEDS/FOOD/LATEX)

V. HOSPITALIZATIONS / OPERATIONS / EVACUATIONS

Date	Illness or Operation	Name of Hospital	City and State

SIGNATURE OF STUDENT

I certify that the information provided is complete and accurate to the best of my knowledge as a student of USJ.

STUDENT SIGNATURE _____ **DATE** _____

VI. CLINICAL EVALUATION (PHYSICIAN USE ONLY)

PHYSICIAN NAME _____ **HEIGHT / WEIGHT** _____ **BLOOD PRESSURE** _____ **PULSE/RATE** _____

System Review	Normal	Abnormal	Physician Clinical Findings
General Constitution			
Mental Status / Affect			
Cardiovascular			
Lungs / Thorax			
Neurologic			
Musculoskeletal			

VII. LABORATORY ANALYSIS (ATTACH REPORTS)

Study Category	Date	Results
Hematology (CBC)		
Chemistry (CMP)		
Serology (HIV/HepB)		
TB IGRA / Skin Test		

VIII. PHYSICIAN CERTIFICATIONS

- ☐ Verified Student Medical History Profile.
- ☐ Student is physically/mentally fit for proposed academic program at USJ.
- ☐ Laboratory analysis reviewed and attached.
- ☐ No communicable diseases detected.
- ☐ Physician recommends student for enrollment.

PHYSICIAN SIGNATURE _____ **DATE SIGNED** _____

IX. FINAL PHYSICIAN ASSESSMENT

Clinical Summary of the Student's readiness for proposed academic activities, internships, or assignments:

INTERNAL USE: USJ UNIVERSITY HEALTH COMPLIANCE

[ ] APPROVED **[ ] PROVISIONAL** **[ ] DENIED**

COMPLIANCE REVIEWER	REVIEW DATE	SYSTEM ID (USJ-HC)

Reviewer Notes: