

Saint Joseph Seminary College
 St. Benedict, LA 70457
 Certificate of Health and Report of Physical Examination

TO BE FILLED OUT COMPLETELY AND SIGNED BY ENROLLEE AND PHYSICIAN

Please return this form by the start of your first semester. This will in no way prevent your enrollment to Saint Joseph Seminary College

Name: _____

| Clinical History | Yes | No | Explain any items to which the answer is yes, giving dates and results. |
|---|-----|----|---|
| Have you ever been under treatment by a physician (or psychiatrist) for: | | | |
| 1. Epilepsy, fits, convulsions, mental breakdown, emotional disorder or any other mental or nervous disorder | | | |
| 2. Any disease of the heart, high blood pressure, dropsy, shortness of breath, varicose veins | | | |
| 3. Any disease of the lungs, including tuberculosis, pleurisy, pneumonia, bronchitis | | | |
| 4. Any disease of the stomach, intestines, gall bladder or other abdominal organ | | | |
| 5. Any disease of the kidneys or bladder including stone, pyelitis, cystitis | | | |
| 6. Any disease of the eyes, ears, mastoid, sinuses, tonsils, teeth, skin, glands | | | |
| 7. Rheumatism, arthritis, neuritis, or any disease of bones, joints, or muscles | | | |
| 8. Anemia, hay fever, asthma, low blood pressure, diabetes | | | |
| 9. Have you had: a) A back injury | | | |
| 10. Have you ever been committed to a hospital or sanitarium? | | | |
| 11. Have you withdrawn from grammar, high school, or college for any length of time due to a 'nervous condition'? | | | |
| 12. Have you had any diseases other than those listed? | | | |
| 13. Do you have a sensitivity to any of the following: penicillin, sulfa, tetanus antitoxin, or any other drug or substance? If | | | |

I certify that the information given by me in answer to the above questions is correct to the best of my knowledge.

Date: _____ Signature of Examining Physician _____
 _____ Printed Name of Examining Physician _____
 Date: _____ Signature of Enrollee _____

Be sure to complete BOTH pages.

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THE PHYSICIAN IS REQUESTED TO REVIEW THE DATA ON PAGE 1 AND TO SUPPLY WHAT MAY HAVE
 ESCAPED THE ENROLLEE'S KNOWLEDGE OR MEMORY.

I certify that I have carefully examined _____
 I have found his condition to be as follows:

1. General Appearance _____ 2. Age _____
 3. Height _____ 4. Weight _____ 5. B.P. _____ 6. Pulse _____

PHYSICAL EXAMINATION

| System | Normal | Abnormal | Laboratory (At physician's discretion) |
|----------------------|--------|----------|--|
| EENT | | | |
| Cardiovascular | | | 1) Chest X-ray - minifilm or other Date _____ |
| Pulmonary | | | Result: _____ |
| GI | | | 2) Urinalysis |
| GU | | | Alb. _____ Sug _____ Micro _____ |
| Neuromusculoskeletal | | | 4) Testicular Cancer Screening in the last year? |
| Skin | | | Yes: _____ No: _____ |
| Psychiatric Status | | | 3) Other tests where indicated |

*If any abnormality noted, please type explanation below.

Is the enrollee presently under a physician's care? _____ If so, please explain below.

What prescriptive medicines is the enrollee taking? _____

Has the enrollee been under the care of a psychiatrist or a psychologist within the last 12 months?
 If so, please explain below.

Students will be asked to participate in an exercise program. Is this student medically cleared to participate in a normal exercise program? Yes _____ No _____

Does this student have any restrictions or limitations? Please explain.

Printed name of examining physician _____

Signature of examining physician _____