

MURRAY STATE COLLEGE
Tishomingo, Oklahoma
73460

MEDICAL HISTORY

(To be completed by student prior to physical examination)

Student History/
Physical Examination
Standard Form SR-80

Name _____ (last) _____ (first) _____ Age _____ Sex _____

College _____ Fr _____ Soph _____ Jr _____ Sr _____ Uncl _____ Grad _____ Date of Birth _____

School address _____ Phone _____

Parent , Guardian , Spouse _____ Phone _____

Permanent address _____

Hospital or Medical Care Insurance _____

Relation	Age	State of Health	If Dead, Cause of Death	Age at Death
1. Father				
Mother				
Spouse				
Brothers and Sisters				
Children				

2. Has any parent, brother or sister had any serious illness? Yes _____ No _____
(If yes, please list relative and illness.) _____

3. Have you ever had or do you now have any serious medical or mental illness? Yes _____ No _____
(If yes, please list illness and age of occurrence.) _____

4. Have you ever had any operation? Yes _____ No _____
(If yes, describe and give age at which occurred.) _____

5. Are you allergic to any medications? Yes _____ No _____
(If yes, list medications) _____

Note: Upon written request, a copy of this form may be forwarded to Health Services of another institution upon transfer.

DATE _____ SIGNATURE OF STUDENT _____

PHYSICAL EXAMINATION

(Complete other side first)

Name _____ (last) _____ (first) _____ (middle) Date _____

MEASUREMENTS AND OTHER FINDINGS

6. Height	7. Weight	8. Color Hair	9. Color Eyes	10. Build slender <input type="checkbox"/> medium <input type="checkbox"/> heavy <input type="checkbox"/> obese <input type="checkbox"/>
11. Blood Pressure	12. Pulse	13. Vision	14. Hearing	

CLINICAL EVALUATION

Normal	Abnormal	(Check each item in appropriate column: 'N.B.' if not evaluated)
		15. Head
		16. Ears(general)
		17. Eye(general)
		18. Nose
		19. Oropharynx
		20. Neck
		21. Lungs
		22. Heart
		23. Breast
		24. Abdomen
		25. Genitalia
		26. Musculoskeletal
		27. Neurological
		28. Psychiatric

NOTES — Describe every abnormality in detail. (Enter pertinent number before each comment; continue and use additional sheets if necessary)

LABORATORY FINDINGS

29. Urinalysis: (required)	Albumin	Sugar	Microscopic	30. Hematocrit or Hemoglobin(women)
31. TB Skin Test (Tine or PPD)				32. Results of other pertinent laboratory tests and x-rays.

IMMUNIZATION HISTORY

Initial Series	Most Recent Booster	34. Other immunizations — Date
33. Polio		
34. Tetanus		
35. Other information or comments:		

36. Do you consider this person in satisfactory health to pursue his or her studies? Yes _____ No _____

MAIL DIRECTLY TO:

Office of the Registrar
Murray State College
Tishomingo, Oklahoma
73460

SIGNED _____

(name typed or printed) _____