

This form must be completed in English in its entirety and sent to the Medical Director, Bucknell University, Lewisburg, PA 17837 not later than June 15 for fall enrollment or January 3 for spring enrollment. Failure to comply will prevent student from registering.

During the summer months, inquiries regarding the medical record are received weekdays from 8:30-11:30 a.m. at 570-577-1401. The office is closed during the afternoons.

Parts I & II to be completed and signed by student
Parts III, IV, V to be completed and signed by physician

PART I – DEMOGRAPHICS

Year of entrance _____ Admitted as a First-Year Transfer Graduate Special BU ID# _____

PLEASE PRINT NAME LEGIBLY IN INK Student's Cell Phone (_____) _____

1. FULL NAME OF STUDENT _____
Last Name First Name Middle Name

2. HOME ADDRESS _____
Street City State Zip

3 TELEPHONE: HOME (_____) _____ Mother's Employment (_____) _____
Father's Employment (_____) _____

4. AGE _____ DATE OF BIRTH _____ COUNTRY OF BIRTH _____

5. EMERGENCY NOTIFICATION. In case of serious illness or accident, notify (parents or other):
_____ Relationship _____
Full name(s)

Address (if different from above): _____
Street City State Zip

Telephone (if different from above): (_____) _____

6. FAMILY HISTORY

PART II – MEDICAL HISTORY

	AGE	STATE OF HEALTH	OCCUPATION	AGE AT DEATH	CAUSE OF DEATH	HAVE ANY OF YOUR RELATIVES EVER HAD ANY OF THE FOLLOWING	NO	YES	RELATIONSHIP
Father						Alcoholism			
Mother						Cancer			
Brothers						Depression			
						Diabetes			
Sisters						Heart Disease, Hypertension			
						Seizure Disorder			
						Suicide			
						Tuberculosis			

7. PERSONAL HISTORY – Please answer all questions. Comment on all positive answers in the space below.

HAVE YOU HAD?	No	Yes	HAVE YOU HAD?	No	Yes	HAVE YOU HAD?	No	Yes	HAVE YOU HAD?	No	Yes
Anxiety			Eating Disorders			Jaundice			Tuberculosis (Pos. PPD)		
Asthma			Eye Trouble			Leukemia or Lymphoma			Tumor, Cancer		
Back Problems			Gallstones/Gallbladder Disease			Malaria			Urinary Tract Problems		
Broken Bones			Gastrointestinal Disorder			Pain /Pressure in Chest			Used an Inhaler		
Chronic Cough			Hay Fever			Palpitations (Heart)			Weakness, Paralysis		
Depression			Head Injury w/Unconsciousness			Recent Weight Gain/Loss (10+ lbs)			Wisdom Teeth Extraction		
Diabetes			Heart Murmur			Recurrent Headaches			Other		
Dizziness, Fainting			High or Low Blood Pressure			Rheumatic Fever					
Ear, Nose, Throat Trouble			Insomnia			Shortness of Breath					

	No	Yes (specify)	Remarks or additional information (use additional sheet if necessary)
Are you currently taking any medication?			
Are you presently being treated for any condition?			
Do you have any known allergies: drug?			
food?			
other?			
Have you ever received treatment for any psychiatric, mental health, disordered eating or psychological condition? Explain.			
Have you had any surgical procedures? Explain.			
Have you had any illness or injury or been hospitalized other than already noted? Explain.			

Act 10 of the General Assembly of the Commonwealth of Pennsylvania was approved February 13, 1970, stating: Any minor who is eighteen years of age or older, or has graduated from high school, or has married, or has been pregnant, may give effective consent to medical, dental, or health services for himself or herself, and the consent of no other shall be necessary.

The above information is true to the best of my knowledge.

I acknowledge that I have received a copy of the Notice of Privacy Practices for the Bucknell University Student Health Service (enclosed).

DATE _____ STUDENT'S SIGNATURE _____

PART III – PHYSICAL EXAMINATION

Physical examination acceptable only if done within one (1) year prior to matriculation at Bucknell

To the examining physician: Please review the student's history and complete Parts III, IV and V. Please comment on all positive answers.

Name _____ Last _____ First _____ Middle _____ Sex _____

BP _____ Pulse _____ Respiration _____ Temperature _____

Vision without lenses: R. 20/_____ L. 20/_____ both _____ with lenses: R. 20/_____ L. 20/_____ both _____

Urinalysis: Albumin _____ Sugar _____

Allergies to medication

Are there abnormalities of the following systems? Describe fully.

	No	Yes	Comments (use additional sheet if needed)
1. Head, Eyes, Ears, Nose or Throat			
2. Respiratory			
3. Cardiovascular			
4. Gastrointestinal			
5. Hernia			
6. Genitourinary			
7. Musculoskeletal			
8. Metabolic/Endocrine			
9. Neurologic			
10. Skin			

Is there loss or seriously impaired function of any paired organ? No _____ Yes _____ Explain: _____

Recommendations for physical activity: Unlimited _____ Limited _____ Explain: _____

Has the patient ever been diagnosed for any psychiatric or mental health condition? No _____ Yes _____ Explain _____

Is there a history of eating disorders? No _____ Yes _____ Explain: _____

Do you have any recommendations regarding the care of this student? No _____ Yes _____ Explain: _____

How long have you known this student? _____ General comments: _____

Height _____ Weight _____ Please measure student's height and weight today, then locate patient's height on chart below and circle weight range to the right of that height.

MEN

HEIGHT	WEIGHT RANGES
5' 1"	= or < 123 lbs 124-145 = or > 146
5' 2"	= or < 125 lbs 126-148 = or > 149
5' 3"	= or < 127 lbs 128-151 = or > 152
5' 4"	= or < 129 lbs 130-155 = or > 156
5' 5"	= or < 131 lbs 132-159 = or > 160
5' 6"	= or < 133 lbs 134-163 = or > 164
5' 7"	= or < 135 lbs 136-167 = or > 168
5' 8"	= or < 137 lbs 138-171 = or > 172
5' 9"	= or < 139 lbs 140-175 = or > 176
5'10"	= or < 141 lbs 142-179 = or > 180
5'11"	= or < 144 lbs 145-183 = or > 184
6' 0"	= or < 147 lbs 148-187 = or > 188
6' 1"	= or < 150 lbs 151-192 = or > 193
6' 2"	= or < 153 lbs 154-197 = or > 198
6' 3"	= or < 157 lbs 158-202 = or > 203
6' 4"	= or < 160 lbs 161-207 = or > 208
6' 5"	= or < 163 lbs 164-212 = or > 213
6' 6"	= or < 166 lbs 167-217 = or > 218
6' 7"	= or < 169 lbs 170-222 = or > 223
6' 8"	= or < 172 lbs 173-226 = or > 227
6' 9"	= or < 175 lbs 176-232 = or > 233
6'10"	= or < 178 lbs 179-237 = or > 238
6'11"	= or < 181 lbs 182-242 = or > 243

WOMEN

HEIGHT	WEIGHT RANGES
4' 9"	= or < 90 lbs 91-129 = or > 130
4'10"	= or < 92 lbs 93-130 = or > 131
4'11"	= or < 94 lbs 95-135 = or > 136
5' 0"	= or < 96 lbs 97-137 = or > 138
5' 1"	= or < 99 lbs 100-140 = or > 141
5' 2"	= or < 102 lbs 103-144 = or > 145
5' 3"	= or < 105 lbs 106-148 = or > 149
5' 4"	= or < 108 lbs 109-152 = or > 153
5' 5"	= or < 111 lbs 112-156 = or > 157
5' 6"	= or < 114 lbs 115-160 = or > 161
5' 7"	= or < 118 lbs 119-164 = or > 165
5' 8"	= or < 122 lbs 123-167 = or > 168
5' 9"	= or < 126 lbs 127-170 = or > 171
5'10"	= or < 130 lbs 131-173 = or > 174
5'11"	= or < 134 lbs 135-176 = or > 177
6' 0"	= or < 138 lbs 139-179 = or > 180
6' 1"	= or < 142 lbs 143-183 = or > 184
6' 2"	= or < 146 lbs 147-187 = or > 188

