



medical examination form

To licensed Physician conducting physical examination:

This form is not intended to limit your physical exam of this person. The bearer of this form will be a student with the Food for the Hungry Go ED. Africa Study Abroad Program. He/she will be sent to a developing country where conditions may be quite harsh and primitive. Medical advice may not be readily available. Therefore, we request a written statement concerning any past, present or threatening medical conditions or tendencies of which the candidate and Food for the Hungry should be aware.

(Physician to complete other side)

Personal Health Information: (To be completed by Student)

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Work address: _____ Phone: _____

Family Physician:

Name: _____

Address: _____

Phone: _____

In case of emergency please notify:

Name: _____

Address: _____

Phone: _____

1. List any allergies:

2. List medications you are currently taking:

3. Medical History:

a) Operations:

b) Serious illnesses:

c) Psychiatric: (Treated for depression, alcohol or drug problems or other psychiatric problems? Attempted suicide?)

Student's Signature

Date



medical examination form

For the Physician to Complete

Data:

Student's Name: _____ Birth Date: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Physical Exam:

Vision: Correction needed? R _____ L _____ With correction: R _____ L _____

| | Normal | Abnormal | Not Examined | Further Exam Recommended | Comments |
|-------------|--------|----------|--------------|--------------------------|----------|
| Eyes | | | | | |
| Ears | | | | | |
| Nose | | | | | |
| Throat | | | | | |
| Mouth | | | | | |
| Teeth | | | | | |
| Thyroid | | | | | |
| Lymph Nodes | | | | | |
| Heart | | | | | |
| Lungs | | | | | |
| Breast | | | | | |
| Abdomen | | | | | |
| Back | | | | | |
| Rectum/Anus | | | | | |
| Genitalia | | | | | |
| Legs | | | | | |
| Arms | | | | | |
| Skin | | | | | |
| Neuro | | | | | |

Lab/X-Ray: Laboratory tests and x-rays needed only if deemed necessary by a physician or for pre-existing conditions. Please include results, if applicable.

Summary of health status:

After examining the above named candidate, I _____ DO _____ DO NOT recommend him/her for the Go ED. Africa Study Abroad Program with Food for the Hungry.

Signature: Examining Physician

Date

Address

City

State

Zip

Phone