

## Health Form(s)

Please see the attached form consisting of all required medical records as well as detailed steps as to how to upload the records to the online health system (MedProctor). It is very important that you make sure you have met all the requirements, which include;

- The date the TB Skin test was administered, read – and the results (which is only good for one year); and
- A Meningococcal vaccine or MCV4 (given at the age of 16 years or older); and
- Two doses [two different dates] of the MMR vaccine; and
- A Medical Physical [Athletic Physicals/Clearances are not acceptable] (only good for one year); and
- A Medical History Form.

Please note that your medical records must be uploaded online to MedProctor. Once all appropriate information is complete, please take a clear picture of each sheet and you'll be ready to upload your medical records!

Note: If you have a medical hold and wish to speed up the release process, upon successfully uploading the records to MedProctor, please forward via email to [studenthealth@aamu.edu](mailto:studenthealth@aamu.edu), your name, A# and DOB in order to notify the Health and Counseling Center. You may disregard this if you do not have a medical hold.




**Please note that you will need a university assigned email address to register your account on MedProctor. If you do not have one as yet, the Information Technology Services Department will be more than happy to assist.**

**Note that all international students will automatically be enrolled in and billed for the Alabama A&M University International Student Health Insurance Plan. All international students are required to remain enrolled in the Alabama A&M University International Student Health Insurance Plan. There is no option to waive coverage.**

### Attachments

- (1) Incoming Students/Transfer Students Medical Requirements
- (2) Student Medical Examination Record Form

# Incoming Students/Transfer Students Medical Requirements

Alabama A&M University Health and Counseling Services P. (256) 372-5601	
<b>Registration Medical Requirements</b>	
<input type="checkbox"/> Student Medical Examination Record Form (Front Side)	<input type="checkbox"/> TB Skin Test: Date Administered
<input type="checkbox"/> Physical completed within past 12 months (Back Side)	<input type="checkbox"/> TB Skin Test: Date Read
<input type="checkbox"/> Meningitis (MCV4) given at age 16 or older	<input type="checkbox"/> TB Skin Test: Results
<input type="checkbox"/> MMR: Two doses or Dates	<input type="checkbox"/> Clinic Stamp/MD/NP License #
<input type="checkbox"/> MD/NP Signature	<input type="checkbox"/> Student/Guardian Signature
<input type="checkbox"/> Other Immunization Records	
 (256) 372-5599	 <a href="mailto:studenthealth@aamu.edu">studenthealth@aamu.edu</a>
 P.O. Box 96, Normal, AL 35762	

## Clinic Hours

Monday-Friday

8am-11:00am & 1:30pm-5pm

To register for AAMU online health system, visit the website at [www.aamu.edu](http://www.aamu.edu).

1. Select the Campus Life tab from the home page
2. Select Student Support Link.
3. Select Student Health and Counseling Services link.
4. Select Incoming Student link
5. Follow step-by-step instructions using MedProctor
6. When completed email your Name, Date of Birth, A # and state that you have completed and upload all the Medical Requirement to [studenthealth@aamu.edu](mailto:studenthealth@aamu.edu) please allow the 24 to 48 hours for The Medical Hold to be removed.

- Physicals & TB Skin Test are valid for one year
- Physicals- \$50.00 (Mon- Fri) and TB Skin Test- \$25.00 (Mon - Wed)
- Students can **pay for services online follow steps one & two above** or at the cashier's office located in Patton Hall 1<sup>st</sup> floor and bring the receipt and a Picture ID with them on the day of service
- Students that sit out a semester will need a new physical and TB Skin test if it's over a year old

t.256.372.5601/5800  
[studenthealth@aamu.edu](mailto:studenthealth@aamu.edu)  
Follow us @aamuhealth



ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY

Student Medical Examination Record Form

(256) 372-5601/5800 (Telephone) (256) 372-5599 (Facsimile) [Studenthealth@amu.edu](mailto:Studenthealth@amu.edu) (E-mail)

**Part I: Medical History: COMPLETED BY STUDENT OR PARENT/GUARDIAN**

**Student's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ A#: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please mark Y (yes) and N (no) for each condition or activity. Attach supporting document for any response marked (Yes)**

	Y	N		Y	N		Y	N		Y	N
Allergies			Bronchitis			Head Injury			High or low Blood Pressure		
Chills			Joint Problems			Seizures			Fever		
Sinusitis			Hemorrhoids			Back Pain			Kidney Stones		
Paralysis			Dizziness			Ear Infections			Excessive Fatigue		
Anemia			Chest Pain			Heart Disease			Chronic Swelling		
Diabetes			Cancer			Tremors			Shortness of breath		
Thyroid			Convulsions			Vomiting			Sexually Transmitted Disease		
Anxiety			Meningitis			Epilepsy			Frequent Urinary Tract Infections		
Eczema			Depression			Chronic Cough			Sickle Cell		
Arthritis			Constipation			Chronic Colds			Diarrhea		
Nausea			Fainting			Pneumonia			Hernia		
Insomnia			Dizziness			Malaria			Heartburn		
Asthma			Nervousness/panic			Appendectomy			Ulcers		
Smoke			Drink Alcohol			Use Recreational Drugs			Surgery/Hospitalizations		

Are you allergic to any medications, food, or other substances?  Yes  No If yes, please list: \_\_\_\_\_

Any known physical restrictions?  Yes  No If yes, please list: \_\_\_\_\_

Have you been or are you currently being treated for a medical illness or mental condition?  Yes  No If yes, please list and attach supporting documents (including diagnosis and dates of treatment) \_\_\_\_\_

**List of all current medications. Attach additional sheets if necessary**

	Name	Dosage	Frequency
1)			
2)			
3)			

Student, Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

I agree that all information on this form is true and to the best of my knowledge. I also understand that submitting false information or omitting information could potentially impact by standing with the University.



ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY

Student Medical Examination Record Form

(256) 372-5601/5800 (Telephone) (256) 372-5599 (Facsimile) Studenthealth@aamu.edu (E-mail)

**Part II: Physical Examination: MEDICAL PERSONNEL USE ONLY**

Patient's Full Name: \_\_\_\_\_ Patient's A#: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Medical History Form Reviewed:  Yes  No MD/NP/DO Signature: \_\_\_\_\_

**Immunization Report**

Required Immunization	Immunization Date			Recommended Immunization	Immunization Date
MMR	1) _____	2) _____		Varicella (Chicken Pox)	
Meningitis (MCV4)	1) _____ (GIVEN 16 YEARS OLD OR OLDER)			Tetanus (Td/Tdap)	
<b>Skin Test</b>	<b>Date Administered</b>	<b>Date Read</b>	<b>Results</b>	Hepatitis B Series	
Tuberculin Test TB (PPD)				HPV	
Chest X Ray (Only if positive)					

**Vital Signs**

Blood Pressure	_____/____	Temperature	_____°	Pulse	_____BPM
Weight	_____LBS	Height	_____'____'"	Mood	_____
BMI	_____	Respiratory	_____	O <sub>2</sub> Stat	_____

**Physical Examination**

	Normal	Abnormal		Normal	Abnormal
General Appearance			Chest		
Skin			Cardiovascular		
Head			Abdomen		
Eyes			Genitalia		
Ears			Lymphatic		
Nose			Extremities		
Throat/Mouth			Musculoskeletal		
Neck			Neurological		

Other Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MD/NP/DO Signature

Date

License Number/Clinic Stamp

Once completed 1) Select Campus Life Tab from aamu.edu 2) Select Student Health and Counseling Link 3) Select Incoming student Link 4) Follow steps to upload these documents into Med + Proctor 5) Please allow up to 48hrs for processing of medical holds.

# Enrollment Form



## Alabama A&M University Enrollment Response & S.O.A.R. Fee

You must complete and submit this form and mail your **\$115.00 non-refundable Deposit** to confirm your enrollment at Alabama A&M University (AAMU). **Financial Aid Cannot Be Used to Pay This Fee.**

**Chose one of the following options to make your deposit.**

### **Option 1: Online Payment** (*DO NOT MAIL THIS FORM*)

Pay and complete this form online at [www.aamu.edu/admissions](http://www.aamu.edu/admissions) \*\* If payment is made by a third party please provide them with your student identification number. \_

### **Option 2: Mail Payment** (*Mail this completed form*)

The deposit must be paid with a cashier's check or money order if sent by mail. Mail to: **Alabama A&M University  
Cashier's Office  
105 Patton Building  
Normal, AL 35762**

### **Option 3: In-Person Payment** (*Deliver this completed form to the Office of Admissions*)

Your deposit can be paid by cash, cashier's check, money order, or credit card at the University's Cashier's Office located on the 1st floor in Patton Hall Monday through Friday, between 8:30 a.m. and 4:00 p.m. If you choose to make your payment at the University cashier's office you will need to hand deliver the receipt to the Office of Admissions, which is also located in Patton Hall on the 1st floor in Room 111.

**Please Print Clearly**

Student ID # \_\_\_\_\_ (Provided on acceptance letter)

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Type: Freshman  Transfer

Accepted for: Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_

**Please check appropriate space:**

\_\_\_ Yes! I accept your offer of acceptance and definitely plan to enroll at AAMU. I have paid the deposit at the University or I am enclosing a Certified Cashier's Check or Money Order payable to Alabama A&M University in the amount of \$115.00. I understand that this **NON-TRANSFERABLE, NON-REFUNDABLE** deposit will be used to reserve my space at AAMU. *I understand that a separate form and deposit are required for housing.*

\_\_\_ No, I decline your offer of acceptance.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please call the Office of Admissions if you have any questions.  
(256) 372-5245 or 1-800-553-0816**