



Student Medical Examination Record Form

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

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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

Table with 4 columns: Required Immunization, Immunization Date, Recommended Immunization, Immunization Date. Rows include MMR, Meningitis (MCV4), Skin Test, Tuberculin Test TB (PPD), and Chest X Ray.

Vital Signs

Table for Vital Signs with 6 columns: Blood Pressure, Temperature, Pulse, Weight, Height, Mood, BMI, Respiratory, O2 Stat.

Physical Examination

Table for Physical Examination with 6 columns: Normal, Abnormal, Normal, Abnormal. Rows include General Appearance, Skin, Head, Eyes, Ears, Nose, Throat/Mouth, Neck, Chest, Cardiovascular, Abdomen, Genitalia, Lymphatic, Extremities, Musculoskeletal, 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.