

Chaya Mushka Seminary

Medical Examination Report

Name of Student	Date of birth	Telephone #
Health Insurance	Policy #	Telephone #
Name of Doctor	Telephone #	

1. Is student in good health? Yes No Height: _____ Weight: _____
List problems: _____
2. List all allergies
Medication: _____
Food: _____
Other: _____
3. List all medicines being taken
Optional: _____
Necessary: _____
4. Date of last Tetanus booster: ____/____/____
5. Are all immunizations (including MMR) up to date? Yes No, Missing: _____
6. Was the student ever admitted to a Hospital? No Yes
If yes, list dates and reason: _____
Discharge diagnosis: _____
7. Has there been any significant illness within the past 12 months? No Yes
List: _____
8. Are there any restrictions in
Swimming? No Yes Sports? No Yes Hiking? No Yes
Other? _____
9. In case of emergency please call: _____
10. Signature of examining Doctor: _____

If it is necessary, in the judgment of the administration, to use outside medical, surgical or dental aid for the health and well being of the student, I hereby authorize the seminary administration to use such outside medical aid, for which I will be responsible to cover the cost. I will handle all claims with my insurance company.

Date: _____ Signature of Parent: _____