



Charter #102

CUMULATIVE HEALTH RECORD

Name _____ Age _____

Address _____ Zip _____ Phone _____

Emergency contact

Name/Relationship _____ Phone _____

Pre-Entrance History

Family Health Record – History of tuberculosis, mental or nervous disease, epilepsy, diabetes in mother, father, brothers, sisters; children. If deceased, give cause of death.

Past History: Diseases or Abnormal Conditions: _____

Medications being taken: _____

Allergies: _____

Operations: _____

Injuries: _____

Other **pertinent information** (include history of any back or hernia conditions and history of boils, or other skin conditions).

Menstrual History: Regular_____ Prolonged_____ Excessive_____

Not applicable_____ Painful_____ Ceased_____

NAME _____ **Date** _____

Do you have a known history of chicken pox?

Yes _____

No _____

Signature

Date

PRE-ENTRANCE PHYSICAL

Height _____ Weight _____

Temp. _____ P. _____ R. _____ BP _____

Skin _____

E.E.N.T. _____

Hearing _____

Neck/Thyroid _____

Heart _____

Lungs _____

Breasts _____

Abdomen _____

Back _____

Extremities _____

Comments:

This is to certify that I have examined the above named patient as to physical fitness for nursing school and my findings are as follows:

Approved _____ **Limitations** _____

Rejected _____ **Reasons** _____

Signature of Examining Physician

/ Nurse Practitioner

Date