Cayuga Community College

197 Franklin Street • Auburn NY 13021

Social Security # _____ Date of Birth_____

Name_____
Last First Middle

Home Address _____
Number and Street

_____
City State Zip

Phone (with area code) ___( )_____

Address while attending Cayuga (if same as above, write "SAME"):_____

Address at school _____

Phone (with area code) ___( )_____

Person to notify in case of emergency _____

Phone (with area code) ___( )_____

HEALTH HISTORY

Place an "X" in the appropriate box(es):

❒ Anemia	❒ Depression	❒ Headaches (recurrent)	❒ Scarlet Fever
❒ Arthritis	❒ Diarrhea (recurrent)	❒ Heart Problem/Murmur	❒ Sinusitis
❒ Asthma	❒ Diabetes	❒ Hepatitis	❒ Sore Throat (frequent)
❒ Back Problems	❒ Digestive Problems	❒ Jaundice	❒ Tuberculosis
❒ Blood Disorder	❒ Dizziness/Fainting	❒ Joint Disease/Injury	❒ Ulcerative Colitis
❒ Chicken Pox	❒ Ear Trouble	❒ Kidney Disease	❒ OTHER (specify):
❒ Colds (frequent)	❒ Eye Trouble	❒ Pneumonia	_____
❒ Convulsion/Seizure	❒ Hay Fever	❒ Rheumatic Fever	_____

* *Disclosure of personal information is voluntary and does not affect your acceptance at Cayuga*

Please list any allergies to food, drugs, etc._____

Do you take any medications regularly? ❒ Yes ❒ No If "Yes," please list drug(s) and dosage(s)_____

_____

Please list any serious injuries, illness, fractures, dislocations or surgeries:_____

Do you have any disability or impairment of which we should be aware? _____

Are you currently receiving treatment at a clinic or by a physician (other than regular check-ups)? ❒ Yes ❒ No

If "Yes," please explain: _____

Athletics Health Form

PHYSICAL EVALUATION

(to be completed by the Physician/NP/PA)

Student's Name _____ **SSN** _____

Please review the student's health report and complete the physical form. This information will be used only as a background for providing thoughtful health care.

Sex: ❒ Male ❒ Female Height _____ Weight _____

Blood Pressure: Sitting _____ Standing _____

Uncorrected Vision: Rt. 20/_____ Left 20/_____ Corrected Vision: Rt. 20/_____ Left 20/_____

Are there any irregularities of the following systems?

	Yes	No	Use this area to describe fully any positive findings and clarify recommendations:
Head	❒	❒	
Neck	❒	❒	
Eyes	❒	❒	
Ears	❒	❒	
Nose	❒	❒	
Throat and Teeth	❒	❒	
Heart	❒	❒	
Lungs	❒	❒	
Abdomen	❒	❒	
Extremities	❒	❒	
Skin	❒	❒	
Skeletal	❒	❒	

Recommendations for physical activity (physical education, nursing clinicals, intercollegiate sports):

❒ Unlimited ❒ Limited If "Limited," please explain:_____

_____

_____

_____ _____

Signature of Physician/NP/PA Date

Address_____

Phone with area code (_____)_____

Please return this form to: **Cayuga Community College Athletics Office**
197 Franklin Street, Auburn, NY 13021