



HEALTH HISTORY/PHYSICAL EXAMINATION FORM – FIRE SCIENCE TECHNOLOGY

FIRST NAME	LAST NAME
DOB	GENDER
PHONE	ADDRESS
CITY	STATE and ZIP

TO BE FILLED OUT BY THE HEALTH CARE PROVIDER

Height	Weight	Pulse	Blood Pressure
EXAMINATION	NORMAL	ABNORMAL	COMMENTS
Head, Neck, and Thyroid			
Nose and Sinuses			
Mouth, Throat, Teeth, and Gums			
Eyes			
Ears			
Skin			
Chest and Lungs			
Heart and Vascular System			
Gastrointestinal System and Abdomen			
Musculoskeletal System and Extremities			
Neurological			
Mental Health			
OTHER			

TO BE FILLED OUT BY THE HEALTH CARE PROVIDER

MEDICATIONS CURRENTLY TAKING:
PAST MEDICAL HISTORY:
PAST SURGICAL HISTORY:

I have given the student a complete physical examination. I feel that he/she is physically and mentally capable of participating without hazard in all Fire Science courses for Metropolitan Community College.

Health care provider's name and title (PLEASE PRINT)

Health care center/facility

Health care provider's signature

Address, city, state, zip

Date

Phone

NOTE: Bring signed/completed form to first day of class if completing physical off-campus with another provider.