

Name: _____
Last/Family First Middle

STUDENT HEALTH SERVICES

THE UNIVERSITY OF WEST FLORIDA



FOREIGN STUDENT HEALTH INFORMATION PACKET

Welcome to the University of West Florida. Your Student Health Center, located on campus, is here to provide for you general health and medical well being. All currently enrolled full-time and part-time student are eligible to use the clinic.

The University of West Florida requires that this form be completed PRIOR TO ADMISSION and returned to the University of West Florida, Student Health Services, 11000 University Parkway, Pensacola, Florida 32514-5750 USA. A return envelope is provided for your convenience. This information is confidential and will be used as a background for providing health care.

If not completed in its entirety, this form will be returned. All supporting documents in a foreign language must be translated into English. Your application for admission will be considered only when ALL medical AND immunization requirements are completed

**Return forms to: THE UNIVERSITY OF WEST FLORIDA
STUDENT HEALTH SERVICES
11000 UNIVERSITY PARKWAY
PENSACOLA, FLORIDA 32514-5750
USA**



PHYSICIAN'S EVALUATION

TO THE PHYSICIAN: A physical examination is required for each foreign student applicant and must be within one year prior to the applicant's planned term of enrollment. These medical data remain confidential and have no bearing on academic acceptability. This information is necessary to serve as a base for health care and for medical clearance for actual enrollment. All supporting documents must be translated into English.

Name: Last/Family First Middle Maiden

Height Weight lbs. Temp F Pulse Blood Pressure

PHYSICAL EXAMINATION:

- Skin Normal Abnormal
Head, neck Normal Abnormal
Face Normal Abnormal
Nose and Sinuses Normal Abnormal
Mouth and Throat Normal Abnormal
Teeth Normal Abnormal
Heart Normal Abnormal
Lungs and Chest Normal Abnormal
Vascular System Normal Abnormal
Abdomen Normal Abnormal
Endocrine System Normal Abnormal
Spine Normal Abnormal
Neurological Normal Abnormal

- EYES:
Are glasses worn? No Yes
Are contact lenses worn? No Yes
Defective? No Yes
Distant vision:
Right 20/ Corrected to 20/
Left 20/ Corrected to 20/

- EARS:
Is hearing normal? No Yes
Are ear drums intact? No Yes

Are muscle strength and function of the extremities normal and all digits present? No Yes

MALE: Hernia Normal Abnormal Genitalia Normal Abnormal
FEMALE: Breasts Normal Abnormal Pelvic, if indicated Normal Abnormal

PHYSICIAN'S OPINION. Is there or has there ever been any physical or emotional problem that may interfere with the student's adjustment to the University? NO YES (if yes, please explain)

Please itemize any regular prescription medication:

Comments

Physician's Signature Medical Degree

Physician's Name Please type or print

Physician's Address

Stamp or ID number Date of examination