MEDICAL HISTORY

Last Name		First Name		5	Midd	lle Nam		KI CO						
			And the second s					Vital Signs						
CSU ID NUMBER	Gend	Gender □ Male □ Female				1	BP Pulse				T			
DI FASE ANS	MED AL	I OHESTION	C IE ANV /	NICWED IC VEC	DI EASE DI	ECCDI	RE ON LINE RELOW				ision: Unco	rrected	-	tance \
CHECK EACH ITEM	YES	UESTIONS, IF ANY ANSWER IS YES PLEA				ACH ITEM	Right Left			Right				
Are you allergic to any foods or medical					CHECK EACH ITEM YES NO er been advised to have an operation? If so,									
describe below.			describe bel											
2 4 2 2 2 2 2												Clinica	al Evalu	ation (
 Are you currently taking medications? describe below. 					er worked in a hazardous environment such Lead, Dust, Noise, Chemicals?				Organ System			Code	: in Et	
describe below.	561 (22.0)	as Asbestos, Lead,				1, Dust, Noise, Chemicals?				Skin				
Have you had any major injuries or illness? If so,			8 Do you or ha			ave you ever smoked cigarettes?				Lymphatic	S			
describe below.	30,	How long?							Head/ Neck				-	
		10 to 12 to	Drink alcoh			shol?				Eyes			ID.	2012 10
				How much?				Ears						
 4. Have you been hospitalized or had an operation? If so, describe below. 5. Have you ever had an occupational illness or injury? If so, describe below. 			INTERNATION IS SHARE CONTINUE HAS			ive had	ii / \					-		
			☐ Cancer ☐ Diabetes ☐ Heart Disease							Nose				
			☐ High Blood ☐ Allergies or ☐ Mental Illness							Throat, Mouth, Tongue				
			? Pressure			Asthma Tuberculosis			Teeth					
										Chest/ Lur	ngs			
		ar a di santi man		rosetti.	and the second	~ · · · ·	tiller out	S1 25	a 115	Heart				
т дубра в пределения в принцепольный в принцеп	- 25-43-70-0	HAVE YO	OU EVER H	AD OR CURRE	NTLY HAVE	:	differ any section of the application	01.01.02200		Murmurs/	Thrills/ Heav	ves		
CHECK EACH ITEM	Y	N					Y N CHECK EACH ITEM Y N				pples			
10. Recent Gain or Lost weight			27. Nose, Throat, Sinus Trouble				44. Varicose Veins				Liver/Splee	n		
11. Weakness, Fatigue, Loss of Appetite			28. Voice Change/ Hoarseness			45. Vomiting of Blood				Hernia				-
13. Nervous Condition, Depression	-	716	29. Dental/ Gum Disease 30. Recurrent Sore Throat			\vdash	46. Frequent Indigestion	4						
14. Rashes, Allergies, Hives 15. Skin Disease	-			nroat nt Cough/ Cold			47. Frequent use of Antacids	Cl. ac. list		Inguinal Nodes				4 - 15
16. Frequent or Severe Headaches	-		ma or Wheez			49. Change of Bowel Habits			A SUPER	Shoulders				
17. Head Injuries			tness of Brea			50. Frequent Constipation/ Diarr			moH	Arms/ Elbo	ow			
18. Epilepsy, Fits, Convulsion		35. Tube	20.00	CIT				Bleeding from Bowels/ Black Stools						
19. Dizziness/ Fainting Spells	WED C	36. Hear	36. Heart Trouble/ Medication				52. Hemorrhoids [Piles]/ Rectal	First	Labs					
20. Eye Injury, Infection, Discharge		37. High	37. High Blood Pressure			53. Hernia								
21. Double Vision	1 11.		t Pain or Pres		35.5	54. Jaundice 1004 14 Out 14				CBC			C	Chest X-
22. Decreased Vision or Blindness			39. Palpitation/ Pounding Heart			55. Diabetes/ High Blood Pressure				CMP, LIPID, TSH		A	VIRI	
23. Ear Pain, Infection, Discharge	-		ling Feet/Ank		56. Kidney/ Bladder Infection/ Ster 57. Venereal Disease			tone		5, 25, 15.1			- "	VII.(1
24. Loss of Hearing	-		et or Rheum			58. Blood/ Sugar/ Protein in Uri				PSA			C	CT SCAN
25. Broken Bones/ Joint Dislocation 26. Arthritis/ Rheumatism / Bursitis				ness of Neck/ Back oulders/ Arms/ Hands			59. Foot Trouble	ne		When in D				
			FEMALE PATIENTS COMPLETE AREA			THE RESERVE				Vitamin D			N	Vlammo
CHECK FACILITERS	1 3/					1 1	CHECK FACILITEM		YN	Other			C	Other
CHECK EACH ITEM	Y	N		ACH ITEM	Y	N	CHECK EACH ITEM		YN					
61. Female Disorder Treatment 62. Irregular Menstruation	SK DRY		64. Duration of Periods 65. Date of Last Smear			67. Number of Pregnancies 68. Number of Living Children				Urinalysis				, ISSUES
63. Painful Menstruation	-		66. Date of Last Smear			69. Are You Pregnant?				Glucose	Bilirubin	Ketone	Ic	Gravity
OS. 1 GITTUI IVICASTI UGLIOTI		oo. Date	OI LAST PELIC	,u			os. Are Tou Fregnant!			Glucose	Dilli ubili	Ketone	3.	Gravit
PRIMARY CARE PHYSICIAN														
Name										Protein	Nitrite	Leukocy	tes	
					Phone			T		DIACNOS	ıc			
Address						18:01	supercontrary of the show that t	model by	C4 tur	DIAGNOS	13			
	ovula d = .	*ho fo	0000000	aomalata a d										
I hereby certified that to the best of my kno	owiedge,	, the foregoing	answers are	complete and co	rrect.									
						. * m-	a .							
V principal and the	Print Applicant/Student Name					Date								
Print Applicant/Student Name		Signature	of Applican	t/Patient	9 to		Date							

GENERAL PHYSICAL EXAM

	Clinical E	Distance Visi Right Lef	t	S = Abnorm	mal; N= N Orgal Hands/ V Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	n System Vrist e eet Spine Spine	mated ; N/A		Near Vision: Left Apply) Comme		
Organ System Organ System Skin Lymphatics Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	Clinical E	Right Lef	t = Normal ; X	S = Abnorm	mal; N= N Orgal Hands/ V Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	Not exani n System Vrist e eet Spine Spine	mated ; N/A	= Does not a	Left	ents 1	
Organ System Skin Lymphatics Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	m <u>Co</u>	valuation (√ =	= Normal ; X	= Abnorr	mal; N= N Orgal Hands/ V Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	Not exani n System Vrist e eet Spine Spine	mated ; N/A	= Does not a	apply)	1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Skin Lymphatics Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	m <u>Co</u>		The second second second		Organ Hands/ V Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	n System Vrist e eet Spine Spine	Code	1 48 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Skin Lymphatics Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	m <u>Co</u>		The second second second		Organ Hands/ V Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	n System Vrist e eet Spine Spine	Code	1 48 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Skin Lymphatics Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	tue	de	Comments		Hands/ V Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	Vrist e eet Spine Spine			Comme	1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Lymphatics Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple					Hip/ Knee Ankle/ Fe Cervical S Thoriac S Lumber S Gait	e eet Spine Spine	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tana di santan 1911 Santan 1911 Santan 1912 Santan 1912 Santan 1913	e a graduel . gette syng ii.s. iii.	t seed to the seed	
Head/ Neck Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple				100000	Ankle/ Fe Cervical S Thoriac S Lumber S Gait	eet Spine Spine	3 18 18 18 18 18 18 18 18 18 18 18 18 18	The comp	To get to rowing to the second	Toward Second	
Eyes Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple					Cervical S Thoriac S Lumber S Gait	Spine Spine	77 3676	0 85 W 20 00	100 - 1 - 2 - 100	de di	
Ears Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple			31 11 1000		Thoriac S Lumber S Gait	Spine	na na na	O Barrona	agest kees	na oli ili name:	
Nose Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple					Lumber S Gait		(a) (a)	O divisions	organia e e se e e e e e e e e e e e e e e e e	nomin .	
Throat, Mouth, Tong Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple					Gait	Spine		1			
Teeth Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple											
Chest/ Lungs Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	eaves				Cranial N			1 - 00	(1)	17 45 6 4	
Heart Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	eaves				Cranial Nerves			200	Usings in	been mo	
Murmurs/ Thrills/ He Breast/ Nipples Abdomen/ Liver/Sple	eaves		Refle. Babin			4.1	e	1	75	j	
Breast/ Nipples Abdomen/ Liver/Sple	eaves	Heart					_		100		
Abdomen/ Liver/Sple	Murmurs/ Thrills/ Heaves				Romberg	3					
					Hoffman					211 31	
Hornia	een				Motor St	rength			31-95 15 7 7	ner bering	
Heiilia					Tremors			(2)	100 mm	The sections	
Inguinal Nodes					Rectal/ Prostate			and one	i aci ne the		
Shoulders					Emotion Status				1.01	1172-1311	
Arms/ Elbow					Other			1	12.		
						1 01	2. 5 a s	ear lephin.	Two J. grahas	133,000 TeV	
Labs			Rad	diology							
CBC		Chest X- Ra	ay			gull rog l	EKG	ua salah da t	of Shearth I		
CMP, LIPID, TSH		MRI			2- D Ech			ırdiogram	10.7		
PSA		CT SCAN			1.7.7.	Exercise S			ress Test		
Vitamin D	Mammogram			1, 0			200	1			
Other Other				11.	The Carlotte			- V 3 V 3 O	1 32 K7 - 07 t	730 112 3 1	
				Opt	tion Labs		No.	5			
Urinalysis							eral Appeara				
Glucose Bilirubir	Ketone	S. Gravity	Blood	PH		Goo		Fair	Poor		
Protein Nitrite	es Color		UROB	UROB		4.31.		-5521 1	SKIT FETTER		
DIAGNOSIS				PLA	AN						
				of the oras				- 5 15 th	द्याता ७५४	1347.043	