

VACCINATION HISTORY

Name of applicant _____

	DATE	BOOSTER		
Diphtheria tetanus (must be within 10 years)	<u>MM/DD/YY</u>			
Polio series dates (give all dates)	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>
Red measles (rubeola)	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>		
Rubella measles (german)	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>		
Mumps	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>		
Or MMR (measles-mumps-rubella)	<u>MM/DD/YY</u>	<u>MM/DD/YY</u>		

Medical Examination

This form must to be completed by a physician.

NOTE:

Be sure your immunizations are up to date before coming to Union. Please give exact dates. Proof of receiving two doses of red measles vaccine is now required. See the bulletin for details: www.ucollege.edu/bulletin.

PHYSICAL EXAMINATION

Eye: Visual Acuity (Snellen) Without glasses (R) _____ (L) _____ With glasses (R) _____ (L) _____

Ears _____ Hearing (R) _____ (L) _____

Speech _____ General inspection _____

Skin _____ Nose _____

Throat _____ Mouth _____

Neck _____ Thyroid _____

Lymph glands _____ Lungs _____

Mammae _____ Heart _____

Abdomen _____ Hernia _____

Anal _____ Genito-urinary _____

Back _____ Extremities _____

Feet _____ Reflexes _____

Emotional evaluation _____

LABORATORY TESTS

Urine: Albumin _____ Sugar _____ Blood: Hemoglobin _____ White Blood Cells _____

PPD Skin Test _____ If positive a chest x-ray is required, also.

Chest x-ray date and interpretation _____

Menstrual History: Menarche _____ Frequency _____ Length _____
Date of last menses _____ Problems? _____

Can this student participate fully in physical education classes? Yes No

Please explain any restrictions in detail _____

Recommendations by examiner _____

Signature of examiner _____ Date ____/____/____

Printed name of examiner _____

Address _____

MAIL TO:

Admissions Office
Union College
3800 South 48th Street
Lincoln, NE 68506-4386

CONTACT:

www.ucollege.edu
enroll@ucollege.edu
P 800.228.4600
P 402.486.2504
F 402.486.2566