ACCS Institution:	LAWSON STATE COMMUNITY COLLEGE
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Medical History Form

This portion is to be completed by the student

Last	First	Middle	SS#/ID		
Home Address					
Street		City	State	Zip	
	/ /				
Cell Phone	Date of Birth	Date of Birth			
Emergency Contact	Phone	Phone			
•	serve as a baseline for medical clea		nrollment. l	Details of abn	ormaliti
ould be recorded. Please check	YES or NO to the following condit	ions.			
	CONDITIONS			NO	YES
Hypertension					
Rheumatic fever or heart troub					
Liver trouble or jaundice (Hep	atitis)				
Asthma or tuberculosis					
Major surgery or injury					
Ulcers or gastroenteritis					
Backache or joint trouble					
Kidney trouble					
Diabetes					
Severe headaches					
Epilepsy or convulsions					
Dyspnea					
Drug or alcohol problem					
Has applicant been treated for	any emotional disorders?				
* *	ner health, withdrawn from college?	If so explain			
	lness or medical condition that requi		ent?		
	I regularly or frequently due to any p				
Has the applicant been hospita		on joicur concinor	•		
* *	nic illness, mental or nervous disord	lers?			
Anemia	me imess, memur or nervous disord				
Learning disability					
				I	
Comments:					
Present Health: Good	Fair Poor	Date of last ex	am:	/	/

Complete and return to:

Height Weight		Skeletal Size:	_ Skeletal Size: Small		Large	Large EL _	
B/P Pulse			Respiration			Temperature	
boratory Findings							
Hemoglobin or Hematocrit			WBC		Serolog	gy	
Urine: Sp.Gr			Alb	Sugar			
			_				
Eyes				Ears			
Do you wear glasses?	No	Yes	;		ring normal?	No	Yes
Do you wear contacts?	No	Yes			drums intact?	No	Yes
Distant Vision	Without		R20/				
	With glas		R20/				
Near Vision	Without		R20/				
	With glas		R20/				
Head, Neck and Face Nose and Sinuses Mouth and Throat Feeth					Normal () Normal () Normal () Normal ()	,	Abnormal (Abnormal (Abnormal (Abnormal (
Lungs and Chest					Normal ()		Abnormal (
Heart					Normal ()		Abnormal ()
Vascular System					Normal ()	-	Abnormal (
Abdomen					Normal ()		Abnormal ()
Endocrine System					Normal ()	-	Abnormal (
Female: Breast					Normal ()		Abnormal ()
Female: Pelvic					Normal ()		Abnormal ()
Male: Genital Male: Hernia					Normal ()		Abnormal () Abnormal ()
viale. Hellila					NOTITIAL ()		ADITOTITIAL (
Present Health: God	od l	Fair	Poor	Da	ate of exam:	/	/
certify that the above inform	mation is tru	ie.					

Complete and return to:

Lawson State Community College 3060 Wilson Road, S.W.

Birmingham, AL 35221 Attn.: Admissions Office Date Received: _

Signature: _