

## PHYSICIAN EXAMINATION FORM

This form must be completed following a full physical exam performed within six months of arriving on campus. Portions as marked must be completed by your healthcare professional. This information may be used by Health Services, Outdoor Pursuits, Residential Life, and Athletics at Northland College, and by collaborating physicians as a background for providing healthcare, making recommendations to college-sponsored trip leaders or coaches, and ensuring the safety of the campus community. No part of this record will be otherwise released without written permission, except in cases of emergency or as otherwise permitted by applicable federal, state, and local law.

If you have a disability and may require an accommodation or other services, contact the Office of Accommodations at accommodations@northland.edu. Completing this form does not constitute official notification to Northland College about any disability status and information that you enter on the form will not automatically be shared with the Office of Accommodations. You may have to provide separate documentation, as requested, to receive an accommodation or other disability-related services.

### INSTRUCTIONS

1. Section one (pages 1–2) should be completed by the student (or parent/guardian if student is less than 18 years old). If the student's Northland College ID number is unknown, that space may be left blank. Otherwise, the section one must be completed in its entirety.
2. Section two (pages 3–5) Functional Health History should be completed by the student and reviewed by a physician. Health Examination should be completed by a health care provider at the time of a physical scheduled within the guidelines above.
3. *\*The Sickle Cell Test Waiver is only required of student athletes\**
4. A clear and legible copy of the front and back of the insurance card covering the student must be submitted with this form.

## SECTION ONE

### STUDENT INFO

LAST NAME	FIRST NAME	M.I. _____
PREFERRED NAME	CELL PHONE (      )	-
NORTHLAND ID	NORTHLAND EMAIL	

### IMMUNIZATIONS

In accordance with Northland College's desire to prioritize the health and safety of its students, employees, their families, and the surrounding community, all students learning, living, or working on Northland College's campus are required to provide status of vaccination against Hepatitis B and Meningococcal Meningitis. In addition to the foregoing, Northland College strongly encourages that all students receive the below-listed immunizations. Student should understand that Northland College is not acting as the medical provider. Student will seek medical advice, care, and treatment from a medical provider.

Please note that if a vaccine-preventable outbreak occurs on campus, students who have not been vaccinated or who do not have immunity verified by lab test may be excluded from coming on campus.

Please complete the spaces below as fully as possible. Do not attach a separate sheet. In the event that you have not received any of the following vaccinations and are interested in doing so, please contact your primary physician or Northland College Health Services.

#### Recommended Vaccinations

COVID-19*	Date of first dose	Date of second dose	Brand name	Series completed
Meningococcal ACWY	Date of first dose	Date of second dose	Brand name	Series completed
MMR (measles, mumps, and rubella)	Date of first dose	Date of second dose	Brand name	Series completed
TD (tetanus-diphtheria) or T-dap (tetanus-diphtheria-pertussis)	Date of most recent dose	Circle one: Td      T-dap	Brand name	Series completed
Varicella/chicken pox	Date of first dose	Date of second dose	Brand name	Series completed
Serogroup B Meningococcal (Meningitis B)	Date of first dose	Date of second dose	Brand name	Series completed
	Date of third dose			
Hepatitis B	Date of most recent dose	Circle one: Td      T-dap	Brand name	Series completed
HPV	Date of first dose	Date of second dose	Brand name	Series completed
Influenza	Date of most recent dose		Brand name	Series completed

\*Those who have not received a COVID-19 vaccine may be subject to quarantine or isolation should a reported exposure occur.

VACCINE

Student (or parent/guardian if student is under the age of 18) acknowledges that the diseases such as Hepatitis B and Meningococcal B are rare but potentially life threatening, and that effective vaccines are available.

Student understands that it is their responsibility to provide Northland College with the above record of immunization dates. Under Wisconsin law, all students living in College residence halls are required to inform Northland College whether they have been vaccinated against Meningococcal B and Hepatitis B. Failure to comply with this requirement to disclose vaccination status may constitute a violation of the student's housing and meal plan agreement.

Student understands that the record of immunization dates will not be released without written permission, except in cases of emergency or as otherwise permitted by applicable federal, state, and local law, except in the event of a health emergency.

Student (or Student's parent/guardian, if applicable) attests that this form is complete and accurate to the best of Student's (or Student's parent/guardian's, if applicable) knowledge.

Signature of student:

Date:

Signature of parent/guardian:  
 (if student is under the age of 18)

Date:

## SECTION TWO

**THIS SECTION IS TO BE COMPLETED BY THE STUDENT OR GUARDIAN AND REVIEWED BY A HEALTH CARE PROVIDER.**

Physical Activity Restrictions? (*circle one*)    Y    N    If yes, note restrictions:

FUNCTIONAL MEDICAL HISTORY

GENERAL		Y	N	EXPLANATION OF YES ANSWERS
1	Has the patient ever been hospitalized?			
2	Has the patient ever had a surgical procedure?			
3	Is the patient currently under the care of an MD?			
4	Does the patient currently have medical restrictions?			
5	Has the patient sustained injuries in the past 3 months?			
6	Is the patient currently under the care of a psychiatrist/psychologist?			
MEDICAL: patient ever diagnosed or experienced...		Y	N	EXPLANATION OF YES ANSWERS
7	ADD/ADHD			
8	Asthma			
9	Shortness of breath during or after exercise			
10	Pneumonia			
11	Concussion			
12	Loss of consciousness			
13	Lost ability to move an extremity			
14	Frequent headaches			
15	Migraines			
16	Epilepsy/seizures			
17	Diabetes			
18	Hypoglycemia			

## SECTION TWO *(continued)*

THIS SECTION IS TO BE COMPLETED BY THE STUDENT OR GUARDIAN AND REVIEWED BY A HEALTH CARE PROVIDER.

Physical Activity Restrictions? *(circle one)*    Y    N    If yes, note restrictions:

FUNCTIONAL MEDICAL HISTORY

MEDICAL: patient ever diagnosed or experienced... <small>(cont.)</small>		Y	N	EXPLANATION OF YES ANSWERS
19	Heptatitis			
20	Mononucleosis			
21	MRSA or herpes			
22	Hernia			
23	Injury to eye			
24	Wear contacts/glasses			
25	Injury to nose			
26	Born with missing kidney, eye, testicle, lung, or other paired organ			
ORTHOPEDIC: patient ever diagnosed or experienced issues with...		Y	N	EXPLANATION OF YES ANSWERS
27	Fractures			
28	Head/face			
29	Neck			
30	Burner/stinger/brachial plexus			
31	Shoulder			
32	Elbow			
33	Wrist/hand/finger			
34	Chest/ribs			
35	Back/spine			
36	Hips/pelvis			
37	Knee			
38	Ankle			
39	Feet/toes			
40	Shin splints			
41	Stress fractures			
42	Pins/plates/screws			Location:
43	Orthotics/special equipment/braces			Type
CARDIOVASCULAR: patient ever diagnosed or experienced...		Y	N	EXPLANATION OF YES ANSWERS
44	Felt dizzy, fainted, nearly fainted during/after exercise			
45	Tire faster than peers			

THIS SECTION IS TO BE COMPLETED BY THE STUDENT OR GUARDIAN AND REVIEWED BY A HEALTH CARE PROVIDER.

CARDIOVASCULAR: patient ever diagnosed or experienced... <i>(cont.)</i>		Y	N	EXPLANATION OF YES ANSWERS
46	Racing heart rate, palpitations, skipped beats during/after exercise			
47	Chest pain, tightness, pressure during/after exercise			
48	Heart murmur			
49	Hypertension			
50	Elevated cholesterol			
51	Marfan's Syndrome			
52	Anemia			
53	Sickle Cell Trait/disease			
54	Heat illness, cramps, exhaustion, stroke			
55	Had an EKG/ECG			
56	Any other cardiovascular disorder not listed			
FAMILY HISTORY		Y	N	EXPLANATION OF YES ANSWERS
57	Has anyone in the patient's immediate family experienced heart disease, hypertrophic cardiomyopathy, Marfan's Syndrome, or any other cardiovascular disorder listed in #44-56?			
58	Has anyone in the patient's family suddenly died prior to age 35 (included but not limited to accidental death, drowning, unexpected car accident, or sudden infant death syndrome)?			
BODY COMPOSITION/NUTRITION		Y	N	EXPLANATION OF YES ANSWERS
59	Does the patient have weight concerns?			
60	Has the patient experienced significant weight loss?			
61	Has the patient experienced significant weight gain?			
62	Has the patient been diagnosed with an eating disorder?			
63	Is the patient currently consuming a special diet?			
64	Is the patient taking any supplements?			
65	Does the patient smoke?			
66	Does the patient drink alcohol?			
REPRODUCTIVE HEALTH		Y	N	EXPLANATION OF YES ANSWERS
67	If applicable, has the patient ever had a menstrual period?			
68	If applicable, has the patient experienced menstrual irregularity?			
69	Has the patient ever experienced an STD/STI?			
FURTHER DISCUSSION		Y	N	EXPLANATION OF YES ANSWERS
70	Is there any concern that the patient should or would like to discuss with the Northland College Office of Health Services?			

## SECTION THREE

THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTICIONER, OR PHYSICIAN'S ASSISTANT.

LAST NAME FIRST NAME M.I.  
 DATE OF BIRTH VISION (NOTE IF CORRECTED)  
 HEIGHT WEIGHT PULSE BP

PHYSICAL EXAMINATION	NL	ABNL	DESCRIBE ABNORMALITIES
GENERAL			
SKIN			
HEAD/EYES/EARS/NOSE/MOUTH			
NECK AND THYROID			
LUNGS/CHEST			
BREASTS			
HEART			
ABDOMEN			
GENITALIA			
BACK/SPINE			
EXTREMITIES/MUSCULOSKELETAL			
NEUROLOGIC			
EMOTIONAL/PSYCHOLOGICAL			

NON-ATHLETES ARE NOT REQUIRED TO HAVE KNOWLEDGE OF THEIR SICKLE CELL TRAIT STATUS. ONLY COMPLETE THIS BLOCK IF PARTICIPATING IN ATHLETICS.

Sickle Cell Trait is a common condition (>3 million Americans). Sickle Cell Trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells. Although Sickle Cell Trait is most predominant in African-Americans and those of Caribbean, Indian, Mediterranean, Middle Eastern, and South and Central American ancestry, persons of all races and ancestry may test positive for Sickle Cell Trait. Sickle Cell Trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape). This can cause accumulation of red blood cells in the bloodstream and "logjam" blood vessels leading to collapse from the rapid breakdown of muscles starved of blood and oxygen. The NCAA has mandated that all student athletes have knowledge of their Sickle Cell Trait status before they participate in any intercollegiate athletic events, including strength and conditioning sessions, practices, competitions, etc.

DATE OF SICKLE CELL TRAIT TEST RESULTS: (circle one) NEGATIVE POSITIVE

Northland College requests that the attending health care provider facilitate release of records directly related to any abnormal findings or limitations in activity identified in the course of this examination to Northland College Health Services, Outdoor Pursuits, Residential Life, and Athletics. This person has been accepted as a student at Northland College. The information disclosed above will not affect their status as a student and will only be used by the aforementioned units of the College, and by collaborating physicians as a background for providing health care and making recommendations to college-sponsored trip leaders or coaches. No part of this record will be disclosed or released without written client permission, except in cases of medical emergency.

The functional medical history has been completed by the student or legal guardian and was reviewed by the health care provider.

Examiner Name and Title

Examiner Signature

Date