JESUIT VOLUNTEER CORPS NW

Medical Form

This form is to be submitted after you have been notified of acceptance into the JVC Northwest program.

Applicant Information

We prefer that this form is completed by a physician , nurse practitioner, or physician's assistant (other than a parent) who has been involved with the applicant's on-going, comprehensive care. When not possible, the form may be completed at a campus health center, or by a physician/nurse practitioner/physician's assistant with whom you do not have an ongoing history. **Type or print clearly.**

APPLICANT'S NAME DATE OF EXAM

LENGTH OF TIME APPLICANT HAS BEEN YOUR PATIENT

General Information

PAST HISTORY

PAST HOSPITALIZATIONS (INCLUDE SURGERIES)

DIAGNOSIS/TREATMENT OF ALCOHOL ABUSE

DIAGNOSIS/TREATMENT OF DRUG ABUSE

DIAGNOSIS/TREATMENT OF EATING DISORDERS OR OTHER MENTAL HEALTH ISSUES

SIGNIFICANT PAST ILLNESSES (INCLUDING MENTAL HEALTH DIAGNOSES)

FAMILY HISTORY (SIGNIFICANT MEDICAL/PSYCHIATRIC)

Current Information

MEDICINES (INCLUDING RECURRENT NON-PRESCRIPTIVES)

SIGNIFICANT PRESENT MEDICAL CONDITIONS (INCLUDING PHYSICAL AND/OR MENTAL HEALTH)

ALLERGIES, DIETARY RESTRICTIONS

TOBACCO/ALCOHOL USES

Please complete reverse side.

General Physical Information

WT.	HT.	B.P.	P.
LAB (IF DONE RECENTLY):	U/A	CXR	CBC

Note " ✓ " for normal, "X" for abnormal:

☐ General appearance	☐ Neurological	☐ Eyes	☐ Ears
☐ Nose	☐ Mouth	☐ Adenopathy	☐ Chest
☐ Heart	☐ Abdomen	☐ Skin	
☐ Extremities			

Expand on any abnormalities noted above in the space below.

Physician Information

PHYSICIAN'S NAME		SIGNATURE
ADDRESS		
CITY	STATE	ZIP
PHONE	E-MAIL ADDRESS	

Return this form to the applicant.