



Herkimer

THE STATE UNIVERSITY OF NEW YORK

Last (Please Print): _____ First: _____ MI: _____

Date of Birth: ____/____/____ Gender: M F Other Student ID/SS#: _____

Home Address: _____

School Address: _____

Phone #: (____) _____ Cell Landline

PHYSICAL EXAM	NORMAL	ABNORMAL	COMMENTS
1. General Appearance			
2. Skin			
3. HEENT			
4. Neck			
5. Lungs			
6. Heart			
7. Abdomen			
8. Musculoskeletal			
9. Psychiatric			

Is this student able to participate in all physical activity including intercollegiate sports? Yes No

Is this student able to participate in strenuous and ongoing physical fitness training and testing throughout the Police Academy program? Yes No If No, what activities are to be eliminated? _____

PERSONAL HISTORY: Check the box if you have had or currently being treated for any of the following:

<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Intestinal Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> Disabling Condition	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Orthopedic Problems
<input type="checkbox"/> Back Trouble	<input type="checkbox"/> Emotional Problems	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Epilepsy/Seizure Disorder	<input type="checkbox"/> Splenectomy
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Head injury/Concussion	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Congenital or other heart problems	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tuberculosis or TB Contact

Explanation of above: _____

Operations, severe injuries (include dates): _____

Medications taken at present? Yes No (If Yes, please list): _____

Family History (List all familial diseases: diabetes, tuberculosis, mental illness, other): _____

EXAMINING HEALTH CARE PROVIDER (MD, DO, NP, PA): _____ Date: _____

Address: _____ Phone: _____

RETURN FORM TO:

Herkimer College State University of New York

Dean of Students Office

100 Reservoir Road

Herkimer, NY 13350

FAX: 315.866.1808

E-mail: DeanofStudents@Herkimer.edu

Questions? Call 315.574.4009