College ID# _____

**University of the Cumberlands**
**Medical Examination for**
**Teacher Education and Student Teaching**

***Personal Information***

_____ ___/___/____ _____
Name Date of Birth Sex

_____ (____)_____
Address Telephone

***History***
Known Allergies: _____
Medical History (all serious medical and psychiatric disease: diabetes, epilepsy, heart disease, etc):_____
_____
Surgical History (all major operations): _____
_____
Traumatic History (serious accidents or injuries): _____
_____
Family History (TB, epilepsy, diabetes, etc): _____
_____

***Physical***
1. General appearance_____
2. Eyes_____
3. Ears, nose, throat_____
4. Teeth and gums_____
5. Thyroid_____
6. Heart_____
7. BP _____ Pulse_____
8. Lungs_____
9. Abdomen_____
10. Nervous System_____
11. Extremities_____
12. Other_____

***Tests***
**TB _____ Other _____

***Certification of Medical Examination***
This is to certify that I have examined _____ and find him/her free of communicable disease and any physical or mental disabilities that might interfere with performing his/her duties as a student teacher, except as follows: _____
_____

The tuberculin test was positive/negative.
_____R.N. _____M.D.
Date: _____

**Note: If you are a student of European, Middle Eastern or Eastern origin and can produce OFFICIAL documentation that you have received the BCG vaccine in your homeland, you are EXEMPTED from taking the tuberculin (TB) test.

REVISED 10/07