University of the Cumberlands Medical Examination for

Educational Leadership Program ☐ Principal Preparation Program ☐ Superintendent Program ☐ Supervisor of Instruction

☐ Director of Pupil Personnel ☐ Director of Special Education (Please check the program/certification that you are pursuing.)

Personal Information		/ /
Name	UC ID #	Date of Birth Sex
Address		(<u> </u>
History Known Allergies:		
Medical History (all serious medical and psychiatric dis	sease: diabetes, epileps	y, heart disease, etc:
Surgical History (all major operations):		
Traumatic History: (serious accidents or injuries):		
Family History (TB, Epilepsy, diabetes, etc.):		
Physical		
1. General appearance	7. BP	
2. Eyes		
3. Ears, nose, throat	9. Abdomen	
4. Teeth and gums	10. Hiyrold	
5. Thyroid	11. Extremities	
6. Heart	– 12. 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 disa requirements as a candidate in educational leadership	_	•
The tuberculin test was positive/negative, R.N.		M.D
Date:		

Please email completed form to graduateAdmissions, University of the Cumberlands, 785 College Station Drive, Williamsburg, KY 40769

^{**} 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.