

Student Health Services – Health Evaluation Form

Roche Wellness Center

1130 Mulberry Street

Scranton.PA.18501

Phone: 570.941.7667

www.scranton.edu/studenthealthservices

Name: _____ **DOB:** _____ **Royal #** _____

Allergies: _____

Sex :

Vital Signs:

Height _____ **Weight** _____ **Blood Pressure** _____ / _____ **Pulse** _____

Current and Chronic Health Problems

- _____
- _____
- _____
- _____

If the student is under care for a chronic or serious illness please attach additional clinical reports to assist Student Health Services Staff to provide continuity of care for this student.

Current medications (with dosage and frequency):

____ **This student is cleared for unlimited activity**

____ **This student is NOT cleared for unlimited activity**

If No, please explain: _____

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Health Care Provider Name: _____
Print Signature

Address City State Zip code

Telephone FAX Date