

STUDENT LIFE

Student Health Services – Health Evaluation

Roche Wellness Center

800 Linden Street

Scranton, PA 18510

570-941-7667

www.scranton.edu/studenthealthservices

Name: _____ DOB: _____ Royal #: _____

Allergies: _____

Sex: Male Female

VITAL SIGNS: Height _____ Weight _____ Blood Pressure _____/_____ Pulse _____

CURRENT AND CHRONIC HEALTH PROBLEMS:

1. _____

2. _____

3. _____

- 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 (dosage and frequency): _____

This student is cleared for unlimited activity.

This student is NOT cleared for unlimited activity.

If No, please explain: _____

Health Care Provider Name: _____

(Print)

(Signature)

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Date _____