## RIO HONDO COMMUNITY COLLEGE DISTRICT DEPARTMENT OF PUBLIC SAFETY – FIRE TECHNOLOGY

Cause of Death

LAST NAME:

| Applicant for class: | ALCOHOLD TO STREET |
|----------------------|--------------------|
| Form to Academy:     | IMAKA JAJISTINI    |

## RECORD OF MEDICAL HISTORY AND PHYSICAL EXAMINATION

(To be filled in by student. Please use ink and print clearly.) NAME: DATE: PERMANENT ADDRESS: \_\_\_ TELEPHONE: PLACE OF BIRTH: DATE OF BIRTH: SOCIAL SECURITY NO: FAMILY PHYSICIAN: \_\_\_ Address Telephone HEALTH HISTORY Check conditions you have had or now have. Show dates on non-chronic conditions. ☐ Heart Trouble ☐ Allergies ☐ Convulsive Disorder ☐ Rheumatic Fever ☐ Anemia ☐ Crohn's Disease ☐ High Blood Pressure ☐ Seizures ☐ Smoking Habits Arthritis ☐ Diabetes ☐ Impairment of Hearing ☐ Asthma Dizziness ☐ Kidney Trouble Packs Daily: 1 1 2 3 Back Pain ☐ Draining Ear ☐ Marked Fatigue Stomach Conditions ☐ Bladder Conditions ☐ Fainting □ Nervous Breakdown ☐ Thyroid Disease ☐ Bronchitis ☐ Gall Bladder Disease ☐ Other Blood Diseases ☐ Treatment for Alcoholism ☐ Cancer ☐ Treatment for Drug Addiction ☐ Headaches (Frequent) ☐ Palpitation ☐ Chicken Pox ☐ Headaches (Migraine) ☐ Pneumonia ☐ Ulcers List any other illness you have had. (include dates) List medications. Prescribed: Over the counter taken regularly: Surgical Procedures. (Give date and nature) Severe Accidents, including fractures. (Give date and nature) Female Menstrual Disorders ueen examined and found physically acceptable for a Basic Fire Academy Training Program. 

O YES O NO **IMMUNIZATIONS** Indicate which vaccinations and immunizations you have had. (Give dates) (WRITTEN proof of immunization is required) NOTE: A Tetanus Diphtheria booster is required if none has been received within the last 10 years. NURSE: Patient counseled regarding importance of not becoming pregnant within 3 months of vaccination? 

YES 
NO Send to see primary medical physician if pregnant. ☐ YES ☐ NO Nurses Signature: Date: MMR 2 Tetanus Diphtheria Booster (within past 10 years) Flu Shot Hepatitis 3 Hepatitis 1 Hepatitis 2 \_\_\_Cholesterol CHEM PANEL: Blood Sugar \_\_\_ Liver Enzymes \_\_\_ \_\_\_\_\_ Electrolytes \* Women should not receive the Rubella vaccine if they are pregnant or might become pregnant within 3 months. However, if you are vaccinated and then find out you were pregnant at the time, it should not be a cause for concern. Rubella vaccine has never been known to harm an unborn child. FAMILY MEDICAL HISTORY **FATHER MOTHER BROTHERS** SISTERS Name Place of Birth Occupation State of Health Age If Deceased,

FIRST NAME:

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