

HEALTH HISTORY FORM – TO BE COMPLETED BY STUDENT

Select One: ☐ TU-C, DO ☐ TU-C, PA ☐ TU-C, Pharmacy Class of _____

TOURO UNIVERSITY - CALIFORNIA
1310 Johnson Lane, Vallejo, CA 94592
Telephone: (707) 638-5200 Facsimile: (707) 638-5261

Name _____ Sex _____ Date _____

Date of Birth _____ Social Security # _____

Telephone _____ Cell _____

Email _____

Emergency Contact Name/Telephone _____

Past Health History (circle)

Hypertension Cancer Hepatitis A-B-C Ulcers Asthma Bronchitis Arthritis Thyroid
Anemia TB Diabetes 1-2 Kidney Disease Eczema Rheumatic Fever Heart Murmurs
Severe Eyesight Disturbances Severe Allergies Hearing Problems Blood Clots Stroke Ulcers
Sexually Transmitted Diseases (STD's) Depression Anxiety Suicidal Attempts Heart Disease
Elevated Lipids Back Deformities Locomotion Challenges Deafness Blindness Herpes
Speech Challenges Abnormal Pap Prostate Abnormalities Testicular Disease Mononucleosis

Past Surgical History _____

Hospitalizations - Injuries (dates/cause/treatments) _____

Social History Smoker _____ Years Alcohol _____ Drugs _____ Exposure to Environmental Toxins _____

Current Medications _____

Allergies Drug Allergy (names) _____
Environmental/Latex _____

Family History

Mother	L	D	Health Status
Father	L	D	Health Status
Children	L	D	Health Status
Siblings	L	D	Health Status

Symptom Review (circle) Fever Weight Gain/Loss Chills Sweats Loss of Appetite Nervous
Tired Hair Loss Skin Rashes Sores Headache Blurred Vision Double Vision Ear Ringing
Vertigo Trouble Hearing Frequent Nose Bleeds Sinus Troubles Bleeding Gums Frequent Strep
Throat Neck Pains Chest Pains Shortness of Breath/Trouble Breathing Rapid Heart Beats
Varicose Veins Scoliosis Kyphosis Wheezing Night Sweats Breast Lumps Breast Discharge

Heartburn Rectal Bleeding Trouble Voiding Burning on Urination Testicular Masses Old Spinal Injuries Depression Anxiety Seizures

PHYSICAL EXAMINATION FORM-TO BE COMPLETED BY HEALTH CARE PROVIDER

Select One: ☐ TU-C, DO ☐ TU-C, PA ☐ TU-C, Pharmacy Class of _____

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Name _____

Date of Birth _____ Sex _____

Height _____ Weight _____ B/P _____ T _____ P _____ R _____

Vision Distance Uncorrected R 20/____ L 20/____ Corrected R/20/____ L20/____

Color Vision Normal _____ Deficient _____

	Circle Normal	or Abnormal	Description of Abnormalities
Skin	n	a	
Eyes	n	a	
Ears	n	a	
Nose/Sinus	n	a	
Throat/Neck	n	a	
Chest/Thorax	n	a	
Heart	n	a	
Lungs	n	a	
Abdomen	n	a	
Extremities	n	a	
Osteopathic	n	a	
Structural Exam			
Neuro	n	a	
Psych/Mental	n	a	
Genito-Urinary	n	a	

I have examined this potential TU-California student and found that He/She:

- A. May participate fully in all activities involved without restriction.
- B. May participate with the following restrictions or accommodations.
- C. May not participate, due to issues of safety/other.

Health Care Provider: Name (Print): _____
Address: _____
City, State: _____
Telephone: _____

Facsimile:

E-Mail:

Signature:

Date:
