

BRESCIA UNIVERSITY
SCHOOL OF EDUCATION

HEALTH CERTIFICATE
(Confidential)

Each student is required to submit a Health Certificate. The attending physician will determine which of the tests listed below are necessary. However, a **T. B. Test is required.**

NAME _____ TELEPHONE (____) _____

ADDRESS _____
Street City State Zip

Weight _____ Height _____ Age _____

Vision without glasses: Right eye _____ Left eye _____

Vision with glasses: Right eye _____ Left eye _____

Mouth _____ Hearing _____

Heart _____ Lungs _____

Gastro-Intestinal _____ Urinalysis _____

Hemogram _____ TB Test _____

Allergies: _____

Any information not given above that will be helpful in protecting children and promoting the health education of the applicant should be given.

COMMENTS: _____

Date _____

Return: Chair
School of Education
Brescia University
717 Frederica Street
Owensboro, KY 42301

Signature of Attending Physician

Address

City/State/ Zip