



HEALTH EXAMINATION FORM

LAST NAME: West FIRST NAME: Lacynthia TSCC ID #: _____ PHONE NUMBER: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

Allergies (Food/Drug/Latex, etc.)			
NKA			
C O M P L E T E	Height	<u>62 in</u>	Weight <u>335.4 lbs</u> BP <u>138/84</u> Pulse <u>97</u>
	Vision Right 20/	<u>40</u>	Left 20/ <u>25</u> Corrected: Y ☐ N ☒
	CBC	NORMAL	ABNORMAL FINDINGS
	Cardiovascular	✓	follow up with PCP due to CBC results
	Pulses	✓	
	Heart	✓	
	Lungs	✓	
	Skin	✓	
	E.N.T.	✓	
	Gastrointestinal	✓	
Musculoskeletal	✓		
Neurological	✓		
Other			

The student has been diagnosed with a chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.) Yes ☒ No

If yes, please list: _____

Is/are the condition(s) being presently controlled or treated? Yes _____ No _____ If yes, please describe: _____

The student has been diagnosed with a psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.) Yes ☒ No

Is/are the condition(s) being presently controlled or treated? Yes _____ No _____ If yes, please describe: _____

The student is taking prescribed medications on a regular basis? Yes ☒ No

If yes, please list: _____

On the basis of my examination on this day Nov. 30, 2022, I approve the student's participation in Clinical Education.
month, day, year

Yes ☒ No _____ Limited - If limited, please describe: Robin Blackwell, RN

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Robin Blackwell, RN

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

Provider:
Please place office stamp
here (if possible) for
validation purposes.

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023



TDAP (TETANUS, DIPHTHERIA, PERTUSSIS) IMMUNIZATION

LAST NAME: West

FIRST NAME: LaynThia

TSCC ID #: _____

TETANUS, DIPHTHERIA, & PERTUSSIS (TDAP) VACCINATION - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

A TDAP BOOSTER IS REQUIRED EVERY 10 YEARS AFTER INITIAL VACCINE.

DATE OF ORIGINAL TDAP VACCINATION: unknown

DATE OF MOST RECENT BOOSTER: 12/14/2014

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Robin Blackwell, CNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE Robin Blackwell, CNP

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