



4. Are you allergic to any drugs? \_\_\_\_\_

If so, which? \_\_\_\_\_

5. Are you taking any medication regularly? IF so, please specify the name of the medication and why it is being taken. \_\_\_\_\_

6. Have you tested positive for HIV (AIDS)?      YES \_\_\_\_\_      NO \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applicant

Portion to be completed by medical doctor.

7. How long have you known or treated this applicant? \_\_\_\_\_

Examination of applicant:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eyes: \_\_\_\_\_ Visual acuity—Right: \_\_\_\_\_ Left: \_\_\_\_\_

Ears: \_\_\_\_\_ Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Nose: \_\_\_\_\_

Mouth: \_\_\_\_\_

Teeth: \_\_\_\_\_

Throat: \_\_\_\_\_

Palpable glands: \_\_\_\_\_

Chest: Expansion: \_\_\_\_\_ Auscultation: \_\_\_\_\_

Female: Breast check: Findings: \_\_\_\_\_

Cardio-vascular system:

Pulse (resting): \_\_\_\_\_ After 1 minute running: \_\_\_\_\_

Blood pressure: \_\_\_\_\_ Heart sounds: \_\_\_\_\_

Abdomen:

Scars: \_\_\_\_\_ Palpable organs: \_\_\_\_\_

Tenderness: \_\_\_\_\_ Any abnormalities: \_\_\_\_\_

Male: Prostate exam: Findings: \_\_\_\_\_

Genitalia: \_\_\_\_\_ Rectum: \_\_\_\_\_ Hemorrhoids: \_\_\_\_\_

Vaginal exam with papsmear (female) findings: \_\_\_\_\_

Extremities: varicose veins \_\_\_\_\_ edema: \_\_\_\_\_

Other: \_\_\_\_\_

Skin: Abnormalities: \_\_\_\_\_ Growths: \_\_\_\_\_

Neurological: co-ordination: \_\_\_\_\_

Reflexes: \_\_\_\_\_ other comments: \_\_\_\_\_

Mental evaluation: has the applicant any history of mental disorder? \_\_\_\_\_

If so, state its duration and treatment given. \_\_\_\_\_

Other information needed:

A. T.B.

1. A T.B. (tuberculosis) skin test 3 months before arrival at APTS is required if the patient has not had BCG or a prior positive skin test of 10mm or more.
2. If the patient has had BCG or a previous positive skin test of 10mm or more, a chest x-ray must be taken within 3 months prior to arrival at APTS with a written report (by the doctor) giving the results of the x-ray or the skin test and recommendations for future testing.

3. Yearly TB testing is required of all students by June of each year. This also applies to family members living on campus with you,

B. Hepatitis B

1. Hepatitis B surface Antigen Blood test is required to show the patient's immune status for Hepatitis B as well as the patient's carrier state. A copy of the test results must be attached to this form.
2. If the patient has no immunity to Hepatitis B, a series of 3 Recombivax Hep B injections are required over a 6 month period of time.

- C. Typhoid: Thyphoid is endemic in Baguio. Therefore, the series of either oral or injectable Typhoid immunizations with a certified record are required before entrance to APTS. This also applies to family members.

**NOTE Please be aware that the Typhoid immunization, T. B. testing, and Hepatitis B blood test must be completed before being allowed to attend classes at APTS.**

D. Tetanus

1. Has the patient had tetanus immunizations? Yes \_\_\_\_\_ NO \_\_\_\_\_ (check one)
2. If yes, how many? \_\_\_\_\_
3. When was the patient's last booster? \_\_\_\_\_  
(a booster dose is recommended ever 10 years; or 5 years with a contaminated injury.)

**IMPORTANT: Do you find from the applicant's history and examination any reason to think he or she might not tolerate intensive mental demands, changes of diet, climate and culture?**

\_\_\_\_\_  
\_\_\_\_\_

**Please summarize important findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_