

HARTFORD CONSERVATORY

PERSONAL HEALTH INFORMATION

Student Name: \_\_\_\_\_ Sex:  Female  Male
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Daytime Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Personal History:

Table with 2 columns of conditions and 4 columns for Age, Yes, and No. Conditions include Allergies, Asthma, Cancer, Chickenpox, Diabetes, Epilepsy, Fainting, Headaches, Heart Disease, Influenza, Injuries, Jaundice, Kidney Disease, Malaria, Measles, Migraine, Pleurisy, Pneumonia, Substance Abuse, Tonsillitis, Tuberculosis, and STD.

Describe all items checked above \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Describe any serious illness or surgeries \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Are you presently taking medication?  Yes  No If yes name of medication(s) \_\_\_\_\_

Are you presently being treated for any psychiatric conditions?  Yes  No

If yes, name of treatment center \_\_\_\_\_

Do you have any disability that may hinder your ability to participate in a full schedule of activities?  Yes  No

If yes, provide details \_\_\_\_\_

(OVER)

HARTFORD CONSERVATORY

**PHYSICAL EXAMINATION FORM**  
(To be completed by a licensed physician)

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision: (R) \_\_\_\_\_ (L) \_\_\_\_\_ Pulse/min \_\_\_\_\_ BP \_\_\_\_\_

<i>Normal</i>	<i>Abnormal</i>		<i>Remarks (abnormalities only)</i>
		Head and Neck	
		Nose and Sinuses	
		Mouth and Throat	
		Gums and Teeth	
		Ears, Hearing	
		Chest, Lungs	
		Heart	
		Vascular System	
		Lymphatic System	
		Abdomen and Viscera	
		Hernia	
		Genito-Urinary System	
		Endocrine System	
		Spine and Musculoskeletal	
		Skin, Identifying marks, scars	
		Neurological	
		Joints	
		Vascular	
		Other	

Urinalysis

Date	React.	Sp.Gr.	Alb.	Sug.	Microscopial

Recommendation for physical activities:  Full Activity  Limited Activity (Explain) \_\_\_\_\_

*Please Print:*

Physician Name \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_

Please return completed form to Director of Admissions, Hartford Conservatory, 834 Asylum Avenue, Hartford, CT 06105

Phone: 860.246.2588 Ext. 12 Fax: 860.249.6330

Web: [www.hartfordconservatory.org](http://www.hartfordconservatory.org) Email: [jprell@hartfordconservatory.org](mailto:jprell@hartfordconservatory.org)