



LONG ISLAND UNIVERSITY

HEALTH EVALUATION FORM

Last Name: _____ First Name: _____ Middle Initial: _____

LIU ID # _____ Date of Birth: ____/____/____ Age: _____

HEALTH CARE PROVIDER'S EXAMINATION (to be completed by M.D., D.O., N.P., P.A. only)

Drug Allergies: _____

Food Allergies or Intolerance: _____

Medications (Please include prescription medications and any over-the-counter medications taken daily):

Height: _____ Weight: _____ Blood Pressure: _____ Heart Rate: _____

Vision R: _____ L: _____ Corrected R: _____ L: _____ Hearing Impaired? YES NO

System	Satisfactory	Unsatisfactory	Comments
HEENT			
Respiratory			
Cardiovascular			
Abdominal			
Genitourinary			
Musculoskeletal			
Skin			
Neurovascular			

Routine Urinalysis: Micro: _____ Albumin: _____ Hemoglobin (If indicated): _____gms

Most Recent Tetanus: Immunization Date

Hepatitis B: Immunization Date(s) 1st: _____ 2nd: _____ 3rd: _____

TST I.D. – Mandatory:

Date and site placed ____/____/____ RFA or LFA (circle one)

Wheal: _____mm Date read ____/____/____ Results _____mm

If the TST is positive, a QFT blood test must be done. If the QFT is positive, a chest x-ray must be done and all reports must be attached to this form. If student was treated, please also attach treatment history.



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Addition Student Information

Student is cleared for all physical education and/or athletic activities YES NO

If no, please explain why:

Are there any emotional problems the University should be aware of in order to assist the student in achieving their educational goals?

YES / NO If yes, please explain

Health care Provider's Name (Print): _____

Date of Exam: _____

Signature: _____

License #: _____ Phone: _____

*This form will not be accepted without
Healthcare provider's signature and stamp.

If you have any questions regarding your immunization information and/or need assistant please contact your campus.

LIU Brooklyn: 718-488-1042 or email bkln-campushealth@liu.edu

LIU Post Center for Healthy Living: 516-299-3477 or email Post-HealthyLiving@liu.edu

LIU Brentwood Office of Student Services: 631-287-8500 or email brentwood-info@liu.edu

LIU Riverhead Office of Student Services: 631-287-8010 or email riverhead@liu.edu