KC KISHWAUKEE COLLEGE
Health & Education Division

Phone: 815-825-9354
Fax: 815-825-2923
www.kish.edu

PRE-ENTRANCE MEDICAL RECORD

INSTRUCTIONS: Student should alert the program Director or Coordinator at Kishwaukee College if your healthcare provider does not give you consent to perform without restrictions.

THIS SECTION TO BE COMPLETED BY STUDENT:

Student's Name: _____ DOB: _____

Student's Address: _____
Street City State Zip

INDICATE WHICH PROGRAM THIS FORM IS BEING COMPLETED FOR:

- ☐ EMS
- ☐ RN – Nursing
- ☐ Radiologic Technology
- ☐ Therapeutic Massage
- ☐ Other _____

THE REMAINING SECTIONS TO BE COMPLETED BY LICENSED PHYSICIAN OR CERTIFIED NURSE PRACTITIONER:

DATE OF EXAM:		**HEIGHT:** **WEIGHT:**
BLOOD PRESSURE:		**PULSE:**
	NORMAL	**PLEASE EXPLAIN ANY ABNORMALITY**
EARS		
EYES (Snellen)	OD OS	

HEART		
MUSCULOSKELETAL		