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

## PRE-ENTRANCE MEDICAL RECORD

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

Street City State Zip  NDICATE WHICH PROGRAM THIS FORM IS BEING COMPLETED FOR:  EMS Therapeutic Massage  RN – Nursing Other  Radiologic Technology  HE REMAINING SECTIONS TO BE COMPLETED BY LICENSED PHYSICIAN OR	MDICATE WHICH PROGRAM THIS FORM IS BEING COMPLETED FOR:  BMS Therapeutic Massage  RN – Nursing Other  Radiologic Technology  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	tudent's Name:		DOB:		
Street City State Zip  NDICATE WHICH PROGRAM THIS FORM IS BEING COMPLETED FOR:  EMS Therapeutic Massage  RN - Nursing Other  Radiologic Technology  HE REMAINING SECTIONS TO BE COMPLETED BY LICENSED PHYSICIAN OR  ERTIFIED NURSE PRACTITIONER:  DATE OF EXAM: HEIGHT: WEIGHT:  BLOOD PRESSURE: PULSE:  NORMAL PLEASE EXPLAIN ANY ABNORMALITY	Street City State Zip  NDICATE WHICH PROGRAM THIS FORM IS BEING COMPLETED FOR:  EMS Therapeutic Massage  RN – Nursing Other Radiologic Technology  THE REMAINING SECTIONS TO BE COMPLETED BY LICENSED PHYSICIAN OR  ERTIFIED NURSE PRACTITIONER:  DATE OF EXAM: HEIGHT: WEIGHT: BLOOD PRESSURE: PULSE:  NORMAL PLEASE EXPLAIN ANY ABNORMALITY  EARS	tudent's Address:				
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