



IMMIGRATION HEALTH INFORMATION SHEET

DATE _____

LAST NAME _____ **FIRST NAME** _____ **Male / Female** **Age** _____

HEALTH HISTORY – Applicant to complete top half only!

Please answer these questions to the best of your ability. Please explain any “Yes” answers.

- | | | | |
|---|----|-----|-------|
| 1. Do you have any medical illnesses or conditions? | No | Yes | _____ |
| 2. Do you have any mental or psychiatric illness? | No | Yes | _____ |
| 3. Do you take prescription medications? | No | Yes | _____ |
| 4. Have you ever been hospitalized? | No | Yes | _____ |
| 5. Have you undergone surgery? | No | Yes | _____ |
| 6. Do you use illegal drugs or have a history of alcohol problems? | No | Yes | _____ |
| 7. Do you have any chronic accident / injury-related conditions? | No | Yes | _____ |
| 8. Have you ever suffered from a sexually transmitted disease (STD)? | No | Yes | _____ |
| 9. Are you dependent on others to meet your daily personal care needs? | No | Yes | _____ |
| 10. Are you <u>unable</u> to attend school or work? | No | Yes | _____ |
| 11. To your knowledge, have you ever had varicella (chicken pox)? | No | Yes | _____ |
| 12. Have you ever tested positive or had treatment for tuberculosis (TB)? | No | Yes | _____ |
| 13. Do you have vaccination records or translation in English? | No | Yes | _____ |
| 14. Do you have health insurance of any kind? | No | Yes | _____ |
| 15. WOMEN ONLY: Are you pregnant or attempting to become pregnant? | No | Yes | _____ |

I affirm that the above information is true to the best of my knowledge.

X

Examinee signature

PHYSICAL EXAMINATION – Examiner to complete

HT _____ WT _____ Temp _____ BP _____ Vision 20/ _____ OU _____ With Contacts / Glasses

	Normal	Comments
Skin	_____	_____
HEENT	_____	_____
Heart / Lungs	_____	_____
Extremities	_____	_____
Abdomen	_____	_____
Spine	_____	_____
Neurologic	_____	_____
Other	_____	_____

Examined by _____ Gregory Snider, MD _____ Jason Tewmeyer, PA-C

X

Gregory T. Snider, MD
Designated Civil Surgeon #104038