



950 Metropolitan Avenue
Boston, Massachusetts 02136 - 4030

(888) 235 2014
(617) 364 3510
FAX (617) 399 8220
www.boston.edu
admissions@boston.edu

Applicant's Physical Examination Form

To be completed by a physician.

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Applicant's Name:

Do you consider the applicant's health adequate for full-time, intensive college course work?

Are there any physical disabilities that would hinder the applicant's ability to manage the demands of college enrollment?

Does the applicant suffer from any psychological disorder(s)? If yes, please explain in detail.

Does the applicant suffer from any anxiety or emotional disorders? If yes, please explain in detail.

Does the applicant require special or regular medication?

Are there any indicators that the applicant is currently addicted to narcotics or alcohol?

Are there any indications that the applicant has been engaging in the illicit use of drugs?

Is the applicant's hearing, speech, and vision normal?

Are there any physical, emotional, or psychological conditions to be considered?

CHALLENGING LEADERS TO CHANGE THE WORLD



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Does the applicant have a history of any of the following?

Allergy	Cancer	Heart Trouble	Severe Headaches
Arthritis	Depression	Kidney Disorder	Stomach Trouble
Asthma	Diabetes	Leukemia	Tuberculosis
Brain Tumor	Epilepsy	Menstrual Disorder	Venereal Disease

Are there any special weaknesses or conditions to be considered?

<i>Immunizations</i>	<i>Dates Received</i>			Comments
	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)	
Hepatitis B (3 doses required)				
MMR (2 doses required)				Waived if born in USA before 1957
Varicella (2 doses required)				Waived if born in USA before 1980
Tdap (1 dose required)				
Meningococcal conjugate (1 dose required)				Required of residential students only
Results of Mantoux or Tine test (recommended):				

Remarks:

Physician's Signature:

Date:

Print Name:

Address:

Telephone:

City:

State:

Zip Code:

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