

NEW MEXICO MILITARY INSTITUTE  
ROSWELL, NEW MEXICO 88201  
GENERAL MEDICAL HEALTH FORM  
(INCOMPLETE FORM WILL NOT BE ACCEPTED)

TO BE COMPLETED  
BY FAMILY PHYSICIAN  
THIS FORM MUST BE USED

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Social Security # \_\_\_\_\_ Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_  
Telephone # \_\_\_\_\_ Family Physician \_\_\_\_\_  
Emergency Telephone # \_\_\_\_\_ Physician's Telephone # \_\_\_\_\_

PHYSICAL EXAMINATION

DATE \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ General Development:  Excellent  Average  Poor  
Nutrition:  Obese  Average  Undernourished  
Glands \_\_\_\_\_ Skin: Color \_\_\_\_\_ Condition \_\_\_\_\_  
Eyes: Pupillary Reflex \_\_\_\_\_ Vision Uncorrected: Rt \_\_\_\_\_ Left \_\_\_\_\_  
Corrected: Rt \_\_\_\_\_ Left \_\_\_\_\_  
Ears: Hearing \_\_\_\_\_ Tympanic Membrane \_\_\_\_\_ Ext. Aud. Canal \_\_\_\_\_  
Nose: \_\_\_\_\_ Throat: \_\_\_\_\_ Tonsils: \_\_\_\_\_  
Teeth: \_\_\_\_\_ Neck: \_\_\_\_\_ Thyroid: \_\_\_\_\_  
Heart: Rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Systolic \_\_\_\_\_  
Diastolic \_\_\_\_\_ Hear Normal, or \_\_\_\_\_  
Lungs: Normal, or \_\_\_\_\_  
Evidence of Reactive Airway Disease \_\_\_\_\_  
Abdomen: Normal, or \_\_\_\_\_ Hemorrhoids \_\_\_\_\_  
Genitalia: Normal, or \_\_\_\_\_ Hernia \_\_\_\_\_  
Extremities: Abnormalities \_\_\_\_\_

LABORATORY EXAMINATION

Urinalysis: Sp. Gr. \_\_\_\_\_ Reaction \_\_\_\_\_  
Albumin \_\_\_\_\_ Sugar \_\_\_\_\_  
Blood Type (if known) \_\_\_\_\_ Rh Factor (if known) \_\_\_\_\_

MENSTRUAL HISTORY

Age of Onset \_\_\_\_\_ Amount of Flow:  Heavy  Moderate  Small  
Days of Duration \_\_\_\_\_ Menstrual Cramps:  Yes  No  
Summary of Abnormal Findings \_\_\_\_\_

DAILY PRESCRIBED MEDICATION(S) \_\_\_\_\_

List any medication you received in the past six months such as: anxietyolytics, hypnotics, barbiturates, etc. \_\_\_\_\_

SUMMARY

Describe any substantial physical or mentally limiting condition, including eating disorders, in the opinion of the physician, which would disqualify the cadet from admission and/or interfere with his/her ability to function satisfactorily at the New Mexico Military Institute, a structured yet stressful environment. \_\_\_\_\_

Physician **X** \_\_\_\_\_ Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_