University of the Cumberlands
Medical Examination for
Educational Leadership Program
☐ Principal Preparation Program ☐ Superintendent Program ☐ Supervisor of Instruction
☐ Director of Pupil Personnel ☐ Director of Special Education
(Please check the program/certification that you are pursuing.)

Personal Information
_________________________________________  UC ID #   / /   Date of Birth   Sex
_________________________________________   (   )   Telephone #

History
Known Allergies: ______________________________________________________________

Medical History (all serious medical and psychiatric disease: diabetes, epilepsy, heart disease, etc.): __________

Surgical History (all major operations): ________________________________________________

Traumatic History: (serious accidents or injuries): __________________________________________

Family History (TB, Epilepsy, diabetes, etc.): __________________________________________

Physical
1. General appearance __________________________  7. BP _______________________________
2. Eyes ______________________________________  8. Lungs _______________________________
4. Teeth and gums ________________________________ 10. Thyroid ___________________________
5. Thyroid ____________________________________ 11. Extremities _________________________
6. Heart ______________________________________ 12. Other ______________________________

Certification of Medical Examination
This is to certify that I have examined __________________________ and find him/her free of
communicable disease and any physical or mental disabilities that might interfere with performing his/her
requirements as a candidate in educational leadership, except as follows: __________________________

The tuberculin test was positive/negative,
_________________________________________  R.N.  __________________________________________ M.D
Date: _______________________

** Note: If you are a student of European, Middle Eastern or Eastern origin and can produce OFFICIAL documentation that
you have received the BCG vaccine in your homeland, you are EXEMPTED from taking the tuberculin (TB) test.

Please email completed form to gradadm@ucumberlands.edu or mail to: GraduateAdmissions, University of the
Cumberlands, 785 College Station Drive, Williamsburg, KY 40769

Revised 2/14