

# PHYSICAL EXAMINATION

**TO THE EXAMINER: PLEASE REVIEW THE STUDENT'S HISTORY AND COMPLETE THE PHYSICAL EXAMINATION AND IMMUNIZATION RECORD. PLEASE COMMENT ON ALL POSITIVE ANSWERS.**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_
 SEX: M  F

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs.

Are there abnormalities in the following systems? Describe fully. Use additional sheet if needed.  
Please comment on all positive findings.

|                          | Normal | Abnormal / Comments |
|--------------------------|--------|---------------------|
| Head, Ears, Nose, Throat |        |                     |
| Eyes                     |        |                     |
| Respiratory              |        |                     |
| Cardiovascular           |        |                     |
| Gastrointestinal         |        |                     |
| Genitourinary            |        |                     |
| Musculoskeletal          |        |                     |
| Metabolic/Endocrine      |        |                     |
| Neurologic               |        |                     |
| Skin                     |        |                     |
| Psychiatric              |        |                     |

Is the patient now under treatment for any medical or emotional condition? No \_\_\_\_\_ Yes \_\_\_\_\_ (explain)

Is the patient currently taking any medication on a regular basis? No \_\_\_\_\_ Yes \_\_\_\_\_ (explain)

If yes, list medications: \_\_\_\_\_

Is there a loss or seriously impaired function of any organ? No \_\_\_\_\_ Yes \_\_\_\_\_ (explain)

Recommendations for physical activity:  
 (Intercollegiate Athletics, Intramurals, Physical Education)
 Unlimited \_\_\_\_\_ Limited \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any further recommendations for the care of this student? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**HEALTH CARE PROVIDER** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **PHONE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_