

Student's name (last, first, middle) _____

Physical Examination *This section is to be completed by the physician/clinician.*

Blood Pressure _____ / _____ Pulse _____ Height _____ Weight _____

Systems Review

	<i>Normal</i>	<i>Abnormal</i>	<i>Describe Abnormalities</i>
Skin	_____	_____	_____
HEENT	_____	_____	_____
Lymph Nodes	_____	_____	_____
Neck	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Back	_____	_____	_____
Breasts	_____	_____	_____
Abdomen	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neuro/Psych	_____	_____	_____

General Comments

Recommendations for physical activity (Intramurals, Athletics)

Unlimited _____ Limited _____ Explain: _____

Surgeries or hospitalizations, include dates: _____

Do you have any recommendations regarding the care of this patient?

Is this patient now under treatment for any medical or emotional condition?

Is there a history of any psychological problems with this student in the last five years?

Yes _____ No _____

If so, please explain _____

Physician's Information

Physician's Name _____ Telephone Number _____

Address _____

Physician's Signature _____ Date _____