

Physical Examination

(For athletes and resident student only physical must not be more than one year of start date.)

Age	Height	Weight	Blood Pressure	Pulse
Build: Slender Medium Heavy			Hearing: Right Left	
Vision:			Color Vision:	

Check each item in proper column. Enter N/E if not evaluated.

	Normal	Abnormal	Note: Give details of each abnormality with corresponding item number.
1. Head, Neck, Face and Scalp			
2. Nose and Sinuses			
3. Mouth and Throat			
4. Teeth and Gingiva			
5. Ears (perforation of drum, etc.)			
6. Eyes (lids, conjunctiva, etc.)			
7. Pupils and Ocular Motion			
8. Lungs, Chest and Breasts			
9. Heart (include estimate of cardiac function)			
10. Vascular System (varicosities, etc.)			
11. Abdomen and Viscera (include hernia)			
12. Ano-rectal (pilonidal)			
13. Endocrine System			
14. G-U System			
15. Upper Extremities (strength, range of motion)			
16. Feet			
17. Lower Extremities (as for upper)			
18. Spine, other Musculo-skeletal			
19. Skin and Lymphatic			
20. Neurologic			
21. Psychiatric (specify and personality deviations noted)			

Is this student able to participate in all physical activity? Yes No if no, please indicate.

Is there (or has there ever been) evidence of anxiety or emotional instability? _____ If so, please indicate how the college may be of help to this student. _____

_____ Do you recommend further investigation or treatment? _____

Physician Signature _____ Date _____