

# PHYSICAL EXAMINATION FORM

Form can also be submitted online at [www.hilbert.edu/NextSteps](http://www.hilbert.edu/NextSteps)

## PHYSICALS MUST TAKE PLACE WITHIN THE PRIOR SIX MONTHS OF MOVING IN. FOR RESIDENT STUDENTS ONLY.

**Forms must be submitted prior to move in. Students without completed physicals will not be allowed to move into residence halls. Please print all information.**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Home Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Separate required athletics form can be found at [www.hilberthawks.com](http://www.hilberthawks.com).

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Build:  Slender  Medium  Heavy Hearing: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

Vision: \_\_\_\_\_ Color Vision: \_\_\_\_\_

Hepatitis B Status: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other immunizations up-to-date?  Yes  No

List all current medications: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_ Environmental allergies: \_\_\_\_\_

Alcohol:  No  Yes \_\_\_\_\_ day/week/month Smoking:  No  Yes \_\_\_\_\_ packs per day / \_\_\_\_\_ years

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

	Normal	Abnormal	Details of each abnormality
<b>Head, Neck, Face, and Scalp</b>			
<b>Nose and Sinuses</b>			
<b>Mouth and Throat</b>			
<b>Teeth and Gingiva</b>			
<b>Ears (perforation of drum, etc.)</b>			
<b>Eyes (lids, conjunctiva, etc.)</b>			
<b>Pupils and Ocular Motion</b>			
<b>Lungs, Chest, and Breasts</b>			
<b>Heart (include estimate of cardiac function)</b>			
<b>Vascular System (varicosities, etc.)</b>			
<b>Abdomen and Viscera (include hernia)</b>			
<b>Ano-rectal (pilonidal)</b>			
<b>Endocrine System</b>			
<b>G-U System</b>			
<b>Upper Extremities (strength, range of motion)</b>			
<b>Feet</b>			
<b>Lower Extremities (as for upper)</b>			
<b>Spine, other Musculo-skeletal</b>			
<b>Skin and Lymphatic</b>			
<b>Neurologic</b>			
<b>Psychiatric (specify and personality deviations noted)</b>			

# PHYSICAL EXAMINATION FORM CONTINUED

## PAST HISTORY: (DESCRIBE WHEN, WHERE, AND FOR WHAT PURPOSE)

Medical: \_\_\_\_\_

Surgical: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

### CHECK ALL THAT APPLY

#### Cardiovascular System:

- Chest pain
- Dizziness
- Palpitations
- Swelling of ankles
- Hypertension
- Rheumatic fever
- Heart murmur
- Heart racing/skipping beats

#### Respiratory System:

- Cough
- Shortness of breath
- Pleuritic pain
- Asthma
- Hay fever
- Wheezing

#### Gastrointestinal System:

- Nausea
- Vomiting
- Pain
- Diarrhea
- Constipation
- Jaundice
- Rectal bleeding
- Anorexia/bulimia

#### Hematological System:

- Tiredness
- Lethargy
- Bleeding
- Bruising
- Glandular fever
- Anemia
- Sickle Cell

#### Central Nervous System:

- Head injury
- Headaches
- Loss of consciousness
- Concussion
- Convulsions/fits
- Stroke
- Sleep disturbance

#### Genitourinary System:

- One kidney
- Hematuria
- Injury
- Urinary tract infection
- Sexually transmitted diseases

#### Menstrual:

Onset: \_\_\_\_ years old  
Regular?

Yes  No

If No, how frequent?

\_\_\_\_\_  
 Amenorrhea

Birth control?

Yes  No

Is the student able to participate in all physical activities?  Yes  No If no, please indicate: \_\_\_\_\_

Is there (or has there ever been) evidence of anxiety or emotional instability?  Yes  No

If so, please indicate how the college may be of help to this student: \_\_\_\_\_

Do you recommend further investigation or treatment?  Yes  No

Physician or Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### FOR MORE INFORMATION

Health Records: Barb DeLaRosa

(716) 649-7900, ext. 123 • bdelarosa@hilbert.edu

*Physician's Office Stamp*

### ATTENTION ATHLETES

Individuals who are participating in athletics need to complete the Pre-Participating Physical Exam Form. Please go to [www.hilberthawks.com](http://www.hilberthawks.com), click on the "Inside Athletics" tab, then "Sports Medicine" and print the form. Once completed, please return to the Athletics Office by August 1, 2018.