

All new students must present a report of a physical examination done within twelve months prior to admission. Take this form along with the immunity form to a clinic, your physician or your undergraduate Student Health Service for completion. Refer to the Immunity form for required labs – must supply copy of blood test results.

Name: _____ Age: _____ Gender: _____

P _____ BP _____ Height _____ Weight _____

CLINICAL EVALUATION	NORMAL	ABNORMAL	Describe any abnormality
Enter "N.E." if not evaluated			
Skin, Scalp			
Scars			
Nutrition			
Musculature			
HEAD			
Eyes			
Ears			
Nose			
Teeth & Gingiva			
Tongue			
Tonsils			
Pharynx			
NECK			
Nodes			
Thyroid			
CHEST			
Lung Fields			
Heart			
ABDOMEN			
Organs			
Masses			
Hernia			
Date and Results of most recent PAP test			Date: _____ <input type="checkbox"/> COPY ATTACHED
EXTREMITIES			
Upper			
Lower			
SPINE			
REFLEXES			

Summary of Defects and Diagnoses: _____

Recommendations: (for follow-up or treatment) _____

Licensed Medical Professional Signature (MD, DO, PA, NP)

Date of Examination

Provider stamp
