

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 (B) 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			
<b>HEAD</b>			
Eyes			
Ears			
Nose			
Teeth & Gingiva			
Tongue			
Tonsils			
Pharynx			
<b>NECK</b>			
Nodes			
Thyroid			
<b>CHEST</b>			
Lung Fields			
Heart			
<b>ABDOMEN</b>			
Organs			
Masses			
Hernia			
<b>Date and Results of most recent PAP test</b>			Date: _____ <input type="checkbox"/> COPY ATTACHED
<b>EXTREMITIES</b>			
Upper			
Lower			
<b>SPINE</b>			
<b>REFLEXES</b>			

Summary of Defects and Diagnoses: \_\_\_\_\_  
\_\_\_\_\_

Recommendations: (for follow-up or treatment) \_\_\_\_\_

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

\_\_\_\_\_  
Date of Examination

Provider stamp
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