

Physical Examination – To be completed by Healthcare Provider

Name _____ Date of Birth _____ Gender: M F

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Visual Acuity _____

Laboratory Tests: (Required for sports participation) Hemoglobin WNL Abnormal

Clinical Evaluation	Normal	Abnormal	Comments
1. Skin			
2. Head, Ears, Eyes, Nose, Throat, Hearing			
3. Mouth, Teeth, Gums			
4. Neck and Thyroid			
5. Chest/Lungs			
6. Breast			
7. Heart (supine and standing)			
8. Abdomen			
9. Genitalia			
10. Back/Spine			
11. Extremities/Musculoskeletal/Femoral Pulse			
12. Neurologic			
13. Emotional/Psychological			

Recommendation for physical activity: Unlimited Limited (explain) _____

The student is able to meet the physical and emotional demands of college life:

Yes No (explain) _____

TB Screening: Both questions 1 & 2 must be completed.

- Does the student have signs or symptoms of active TB disease? No Yes
- Is the student a member of a high risk group or an international student from a country where TB is endemic arriving within the last 5 years? No Yes
STOP if both answers are No, no further evaluation is needed at this time. If any are **YES** please administer PPD test.
- Tuberculin Skin test: (Mantoux) Date given: _____ Date read: _____
- Results: _____ mm Normal Positive
Chest x-ray required for positive PPD Date: _____
- Treatment Plan if indicated: _____

I have examined this student and attest the above information is accurate and complete to the best of my knowledge.

Signature of Healthcare Provider: _____ Date: _____

 Print Name of Healthcare Provider Address Phone Fax