



Student Name: _____ Date of Birth: ___/___/___
Last First Middle

Physical Examination

The above student has been accepted to Anna Maria College. The information provided will not affect his/her status and will be used only as background for providing health care. No part of this medical record will be disclosed or released without written client permission.

MEDICAL EXAMINATION: *Required within one year of entrance*

Blood pressure: _____ **VISION** **Left** **Right**
Uncorrected: _____
Pulse: _____ Corrected: _____
Height: _____
Weight: _____

PHYSICAL EXAMINATION:

	<u>Normal</u>	<u>Abnormal</u>	<u>Description of any abnormality</u>
Skin	_____	_____	_____
HEENT	_____	_____	_____
Neck	_____	_____	_____
Cardiovascular	_____	_____	_____
Lungs	_____	_____	_____
Breasts	_____	_____	_____
Abdominal	_____	_____	_____
Genito-urinary	_____	_____	_____
Musculo-skeletal	_____	_____	_____
Neurological	_____	_____	_____
Psychological	_____	_____	_____

Varicella: History of disease [] Immunization: Dose #1 ___/___/___ Dose #2 ___/___/___

TB: Low Risk []

Allergies: Yes [] No [] If yes, please list _____

GENERAL HEALTH: Excellent _____ Good _____ Fair _____ Poor _____

Examiner's Comments/Recommendations: _____

Is student able to participate in rigorous sports activity? Yes [] No []

Examiner's Signature _____ Date: _____
Print Examiner's name: _____ Telephone: _____