Students: Upload to the Student Health Portal (PyraMED) via 'Document Upload' once completed.

Incoming Student Physical Examination

To be completed by a **licensed healthcare provider:** Please review the student's history and complete this form. Comment on all abnormal answers. The information supplied will be used as a background for providing health care. This information is strictly for the use of the Student Health Center and will not be released without student consent. *(Acceptable if physical exam occurred within 1 year of starting classes)*

Student Name: _____ **DOB:** _____ **Exam Date:** _____

BP: _____ **Pulse:** _____ **Height:** _____in. **Weight:** _____lbs. **BMI:** _____

Visual Acuity: Right 20/ _____ Left 20/_____; ⬜ with correction **or** ⬜ without correction

Allergies *(medications/ food)*: _____

Current Medications: _____

	Normal	*Abnormal*		*Normal*	*Abnormal*
Skin:			**Hernia:**		
HEENT:			**Back/ spine:**		
Mouth, teeth, gums:			**Extremities/ musculoskeletal:**		
Lungs/ chest:			**Neuro:**		
Breasts *(optional):*			**Emotional/ psych:**		
Heart:			**Lymph nodes:**		
Abdomen:			**Peripheral vascular:**		
Genitalia *(optional):*			**Other findings:**		

Recommendation for physical activities, including participation in club, intramural & intercollegiate sports: ⬜ Unlimited ⬜ Limited. If limited, please explain: _____

This student is able to meet the physical and emotional demands of college life: ⬜ Yes ⬜ No. If No, please explain: _____

Healthcare Provider Information:

Name: _____

NPI: _____ **Date:** _____

Signature: _____

Office stamp: