

Student's Name: _____

Each student is required to undergo a physical examination by a physician within six (6) months of registration.

PHYSICAL EXAMINATION: The student's doctor completes this form. Please Print.

Normal	Abnormal	Check each item in appropriate column	NOTE: Comment in this column on abnormalities
		Head, face, scalp	
		Neck, nodes, thyroid	
		Nose and sinuses	
		Mouth and teeth	
		Pharynx and tonsils	
		Ears	
		Eyes	
		Lungs	
		Heart	
		Abdomen, hernia, scars	
		Extremities and feet	
		Spine and musculo-skeletal	
		Reflexes	
		Skin	
		Neurologic	
		Lymph nodes	
		Pedal Pulses	

Conclusion: This student can cannot participate in strenuous physical activities. Please explain and comment on any serious condition or any continuing therapy. _____

Lab Work: This must be completed by the physician who performs the examination. All tests must be completed within six months of registration and results must be received by the college before a student may register for classes.

Urinalysis: Date _____ Albumin _____ Sugar _____ Microscopic _____

Hemoglobin: Date _____ Results _____ Results of other tests if indicated _____

TB Test: Date _____ Results _____ (If results positive, then chest x-ray required within six months of enrollment.)

Physician's Printed Name. _____ Signature _____

Address _____
Number and Street City State Zip Code

Date of Exam _____ Office Phone (_____) _____ Emergency Phone (_____) _____