



Physical Examination Form

Required for students living on campus and students participating in sports.
 Due **August 1** for students entering fall semester. Due **January 1** for students entering spring semester.
 Physical exam must be performed **within 6 months of the due date** listed above.

THIS FORM IS TO BE COMPLETED BY THE PHYSICIAN.

Last Name: _____ First Name: _____ Date of Birth: _____

PHYSICIAN REMINDERS

- Consider reviewing questions on **History Form** regarding cardiovascular systems (questions 5-14).
- Consider additional questions on more sensitive issues:
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?

EXAMINATION		
Height: _____	Weight: _____	Sex: <input type="radio"/> M <input type="radio"/> F BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="radio"/> Yes <input type="radio"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance — Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses — Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin — HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional — Duck-walk, single leg hop		
<small>*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.</small>		

Date Examined: _____ Address: _____
 PRINT Physician Name: _____
 Physician Signature: _____ Phone: _____