

PHYSICAL EXAMINATION / PART 1

Name _____ Date of Birth _____

Temperature _____ Pulse _____ Respirations _____ Blood Pressure _____

Height _____ft _____ inches Weight _____ lbs

(X) Normal or Abnormal and describe below if abnormal marked.

	Normal	Abnormal	
1. General	_____	_____	
2. Skin	_____	_____	
3. Head	_____	_____	
4. Eyes	_____	_____	
5. Ears nose	_____	_____	
6. Pharynx	_____	_____	
7. Neck	_____	_____	
8. Lymph nodes	_____	_____	
9. Thyroid	_____	_____	
10. Chest	_____	_____	
11. Lungs	_____	_____	
12. Heart	_____	_____	
13. Abdomen	_____	_____	
14. Inguinal	_____	_____	
15. Spine, back	_____	_____	
16. Joints	_____	_____	
17. Extremities	_____	_____	
18. Reflexes	_____	_____	
19. Mental health	_____	_____	(if on medication for ADHD/ADD need supporting diagnosis and documentation)
20. Other	_____	_____	

Abnormal Comments from above findings:

I have examined this student and reviewed his/her medical history. He/She is in good physical condition and may participate in unlimited physical activity including intercollegiate sports, intramurals, and ROTC.

Return To:

Clarkson Student Health Center
 8 Clarkson Ave, Box 5643
 Potsdam, NY 13699-5643
 Phone 315-268-6633
 Fax 315-268-6448

REQUIRED INFORMATION

Medical Providers Signature _____
 Print Name _____
 Address _____
 Phone Number _____
 Fax _____
 Date of exam _____