

**PHYSICAL EXAMINATION /PART I**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ Blood Pressure \_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ft \_\_\_\_\_inches Weight \_\_\_\_\_lbs

Vision: Without corrective lenses - Far R \_\_\_\_\_ L \_\_\_\_\_

Near R \_\_\_\_\_ L \_\_\_\_\_

With corrective lenses - Far R \_\_\_\_\_ L \_\_\_\_\_

Near R \_\_\_\_\_ L \_\_\_\_\_

Color vision – Normal 0 Abnormal 0

LAB RESULTS: Urinalysis: Glucose \_\_\_\_\_ Protein \_\_\_\_\_ Other \_\_\_\_\_

Results of additional testing (if deemed app.) i.e. pap tests, CBC, EKG, etc.

Mark NORMAL OR ABNORMAL and describe below:

	<u>Normal</u>	<u>Abnormal</u>		<u>Normal</u>	<u>Abnormal</u>
1) general	0	0	5) pulse	0	0
2) skin	0	0	16) abdomen	0	0
3) head	0	0	17) inguinal	0	0
4) eyes	0	0	18) hernia	0	0
5) ears	0	0	19) genitalia	0	0
6) nose	0	0	20) anus	0	0
7) pharynx	0	0	21) spine, back	0	0
8) neck	0	0	22) joints	0	0
9) lymph nodes	0	0	23) upper extrem.	0	0
10) thyroid	0	0	24) lower extrem.	0	0
11) chest	0	0	25) neurological	0	0
12) breasts	0	0	26) reflexes	0	0
13) lungs	0	0	27) other	0	0
14) heart	0	0			

Please comment on positive history and physical 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.

**REQUIRED INFORMATION**

Signed: \_\_\_\_\_

Print name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Date of Exam \_\_\_\_\_

**RETURN TO:**

Student Health Center

Clarkson University

Box 5643

Potsdam, NY 13699-5643

Tele: 315-268-6633 / Fax: 315-268-6448