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## Physical Examination Form

*to be completed by health care provider*

**To the examiner:** Please review the student's history and complete the following Physical Examination Form. Please comment on all abnormal findings and be sure all information is complete.

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Skin
Head, Eyes, Ears, Nose, Throat
Neck, Thyroid
Lungs
Heart
Abdomen
Hernia
Extremities/Joints
Neurological
Mental Status

List Current Medications	Dosage	Frequency

Surgical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Provider's Signature/Stamp \_\_\_\_\_

Today's Date \_\_\_\_\_