



Physical Exam Form

(To be completed by student. All information is confidential.)

Last name:	First name:	Gender: Female Male
Date of birth:	Student ID Number:	Campus:
Major:	Please circle one: Freshman Sophomore Junior Senior Graduate	

To be completed by the physician or provider:

Subjective:

Urinalysis	Blood:	Bilirubin:	Urobilinogen:	Ketone:	Protein:
	Nitrite:	Glucose:	pH:	Specific Gravity:	Leucocytes:

Complete Blood Count (CBC): Please attach copy of lab report
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Vital signs:	Blood pressure:	Temperature:	Pulse:
	Respiratory rate:	Weight:	Height:

For Female, LMP:

Vision	Uncorrected, right:	Uncorrected, left:	Corrected, right:	Corrected, left:
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Allergies:

	Within normal limits	Observations / comments
Head & ENT		
Neck & nodes		
Cardiovascular		
Respiratory		
Abdomen		
Rectal (optional)		
Musculoskeletal		
Neurological		
Skin		
Woman: Breast examination (optional)		
Vulva / perineum / vagina (optional)		
Cervix (optional)		
Uterus / adnexæ (optional)		
Men: Genito-urinary (optional)		

Assessment:
Plan:

Medical provider's signature:	Provider's Name (printed):	Date:	Phone:
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