

HEALTH AND WELLNESS

Student Name: _____ Birthdate: ____/____/____ PBA ID#: _____	Do you intend on participating in any inter-collegiate sports? <input type="checkbox"/>
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PHYSICAL EXAMINATION

A. Vital Statistics:
 Gender: Male Female Ht. _____ Wt. _____ Pressure ____/____ Temp. _____ Pulse _____

B. Health Examination: Normal = N; Abnormal = A

	Circle	Comments: Abnormal Findings; label by number
1. Appearance	N A	_____
2. Skin/Nose	N A	_____
3. Head/Scalp	N A	_____
4. Eyes	N A	_____
5. Visual Acuity (R&L)	N A	_____
6. Ears	N A	_____
7. Auditory Acuity (R&L)	N A	_____
8. Nose/Throat	N A	_____
9. Mouth, Teeth and Gums	N A	_____
10. Chest/Lungs	N A	_____
11. Heart	N A	_____
12. Abdomen	N A	_____
13. Genitals (optional)	N A	_____
14. Musculo-Skeletal	N A	_____
15. Neurological	N A	_____
16. Alertness	N A	_____
17. Emotional/Mental (Behavior Problems)	N A	_____
18. Handicap, Physical/Other (Specify)	N A	_____
19. Activity Restrictions (Specify)	N A	_____
21. Nutrition	N A	_____
22. Other	N A	_____

C. Health History: (serious illnesses, injuries: explain) _____

D. Medications: (Please list all current medications) _____

E. Laboratory: (if clinically indicated) _____

F. Verification: (check all that apply)

I certify that this student may participate in all university activities including inter-collegiate athletics.

I certify that this student may participate in all university activities with the following exceptions
and/or limitations: _____

G. General Comments: _____

Provider Signature	Date
Print Name	Phone

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