1912 SAINT JOSEPH'S COLLEGE

HEALTH AND WELLNESS CENTER

278 Whites Bridge Road, Standish, ME 04084-5236
Tel 207-893-6634 • Fax 207-893-7865 • healthcenter@sjcme.edu

PLEASE PRINT

PHYSICAL EVALUATION

To the Physician: This student has been admitted, please review the student history and complete this physician's form commenting on all positive or abnormal findings. All items are required.

LAST NAME | FIRST NAME | MIDDLE INITIAL | DATE OF EXAM

DATE OF BIRTH | STUDENT ID #

Height_____ Weight_____ BMI_____

Blood Pressure: Systolic_____ Diastolic_____

Pulse: __Regular __Irregular

Visual Acuity: ___Normal ___Abnormal

Uncorrected: RT 20/ LT 20/ Corrected: RT 20/ LT 20/

Does the student wear glasses/contact lenses? __Yes __No

Is color vision normal? __Yes __No

Physical Examination	Normal	Abnormal Please explain		Normal	Abnormal Please explain
Skin, hair and nails			Extremities/Musculoskeletal		
Head, eyes, ears, nose, sinuses			Genitalia/Hernia (male only)		
Mouth, throat, dentition, neck			Neurologic		
Heart			Psychiatric		
Lungs			Lymph nodes		
Abdomen			Other:		

Recommendations for physical activity: ____ Limited ____ Unlimited

Explain: _____

Is there loss or seriously impaired function of any organ? __Yes __No

Explain:_____

Is student now under treatment for any physical or emotional problems? __Yes __No

Explain: _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME (printed) _____

Address _____

Date _____

JUN2015