

# PHYSICIAN PHYSICAL EXAM FORM

Physician, please review the Student Health History and complete Physician Form, no attachments accepted.

\*A physical exam is recommended within the last 6 months.

FOR ATHLETIC, CLUB SPORT OR INTRAMURAL IT IS REQUIRED.

|                     |                      |
|---------------------|----------------------|
| <b>STUDENT NAME</b> | <b>DATE OF BIRTH</b> |
|---------------------|----------------------|

|            |                |               |               |            |              |             |          |          |
|------------|----------------|---------------|---------------|------------|--------------|-------------|----------|----------|
| <b>AGE</b> | <b>SEX</b> M F | <b>WEIGHT</b> | <b>HEIGHT</b> | <b>BMI</b> | <b>B/P</b> / | <b>T</b>    | <b>P</b> | <b>R</b> |
| U/A S.G.   | PH             | PROTIEN       | SUGAR         | OTHER      | Hgb/Hct      | Cholesterol |          |          |

| MEDICAL EXAM                     | NORMAL | ABNORMAL | MEDICAL EXAM  | NORMAL | ABNORMAL | COMMENT ON ABNORMAL FINDINGS |
|----------------------------------|--------|----------|---|--------|----------|------------------------------|
| Appearance                       |        |          | Abd, Liver, Spleen, Kidneys                                     |        |          |                              |
| Skin                             |        |          | G-U System  |        |          |                              |
| Eyes (lids, conjunctiva, pupils) |        |          | Rectal  |        |          |                              |
| Ears (canals, drums)             |        |          | Hernia  |        |          |                              |
| Nose, Sinuses, Throat            |        |          | Vascular (femoral, pedal pulses, varicosities)                  |        |          |                              |
| Mouth, Teeth, Gingiva            |        |          | Lymph Nodes   |        |          |                              |
| Neck, Thyroid                    |        |          | Neurological (gait, patellar, achilles reflexes, balance)       |        |          |                              |
| Chest, Breasts                   |        |          | Musculoskeletal (back, spine, joints, shoulders, knees, ankles) |        |          |                              |
| Lungs                            |        |          | Heart   |        |          |                              |

| NO     | YES      | CARDIAC SCREENING                       | COMMENT ON YES ITEMS      | PHYSICAL EXAM  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|--------|----------|---|---------------------------|--|--------|----------|-------------------------|--|--|--------|--|--|-----------|--|--|----------|--|--|------------------------|--|--|-----------------------|
|        |          | Chest pain with exercise                |                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Normal</th> <th style="width: 15%;">Abnormal</th> <th style="width: 70%;">Precordial Auscultation</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>Supine</td></tr> <tr><td></td><td></td><td>Squatting</td></tr> <tr><td></td><td></td><td>Standing</td></tr> <tr><td></td><td></td><td>Standing with valsalva</td></tr> <tr><td></td><td></td><td>Femoral artery pulses</td></tr> </tbody> </table> | Normal | Abnormal | Precordial Auscultation |  |  | Supine |  |  | Squatting |  |  | Standing |  |  | Standing with valsalva |  |  | Femoral artery pulses |
| Normal | Abnormal | Precordial Auscultation                 |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Supine                                  |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Squatting                               |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Standing                                |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Standing with valsalva                  |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Femoral artery pulses                   |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Fainting or dizziness with exercise     |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Heart races or skips beat with exercise |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Hypertension                            |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Family hx of sudden death before age 50 |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Family hx heart disease before age 50   |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Dilated cardiomyopathy                  |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Long Q-T syndrome                       |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Marfan's Syndrome                       |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Clinically important arrhythmias        |                           |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |
|        |          | Heart murmur                            | COMMENT ON ABNORMAL ITEMS |  |        |          |                         |  |  |        |  |  |           |  |  |          |  |  |                        |  |  |                       |

|   |  |
|---|--|
| <b>PHYSICAL STIGMATA FOR MARFAN SYNDROME</b> YES NO | <b>CLEARED TO PARTICIPATE IN INTERCOLLEGIATE SPORTS</b> YES NO |
| <b>PLEASE INDICATE RESTRICTIONS HERE</b>            | <b>ANY PRIOR RESTRICTION IN THE PAST?</b> YES NO               |
|   | <b>ANY PRIOR CARDIOLOGY TESTING?</b> YES NO                    |

|   |
|---|
| <b>LIST CURRENT MEDICATIONS</b><br>(Include vitamins, OTC's, contraceptives)                              |
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|   |
|   |
|   |
| <b>LIST ALLERGIES</b> (Include medications, foods, insect venoms)<br>Type of reaction/Exposure Treatment. |
|   |
|   |

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|--|
| <b>LIST ANY PHYSICAL, PSYCHOLOGICAL OR LEARNING DISABILITIES</b> |
|  |
|  |
|  |
| <b>LIST SPECIAL DIETARY REQUIREMENTS</b>                         |
|  |
|  |

**IMMUNIZATIONS ARE UP TO DATE ACCORDING TO GUIDELINES** YES NO (See immunization form, must be signed by MD, NP or PA)  
 See Medical Evaluation for Latent Tuberculosis Infections on attached immunization form:  
**Student is : Please circle one LOW RISK HIGH RISK for TB**  
**HIGH RISK:** If the answer to questions 2, 3 OR 4 is YES, Nichols College requires that you have a tuberculin skin test (Mantoux test/Intermediate PPD) to check for latent tuberculosis infection. **LOW RISK:** If the answer to all of the questions is NO, a tuberculin skin test does not need to be done.

|                             |
|-----------------------------|
| <b>PHYSICIAN SIGNATURE</b>  |
|                             |
| <b>PRINT PHYSICIAN NAME</b> |
|                             |
| <b>DATE OF EXAM</b>         |
| <b>ADDRESS</b>              |
|                             |
| <b>PHONE NUMBER</b>         |
| <b>FAX NUMBER</b>           |

Office Stamp