

Physical Examination Form: (Please type or print in black ink.)

RECOMMENDED

Your physical examination must be completed by a health care professional

Last Name	First Name	Middle Name	Date of Birth (mo/day/yr)

Permanent Address _____ City _____ State _____ Zip _____ Area code/Phone number _____

Height _____ Weight _____ TPR _____/_____/_____ BP _____/_____

<u>Vision</u> Corrected	Right: 20/____	Left: 20/____	<u>Urinalysis</u> Sugar:____	Albumin:_____	
Uncorrected	Right:20/____	Left: 20/____	Micro:_____		Color
Vision:_____		Hgb or Hct (if indicated)_____			
<u>Hearing</u> (gross)	Right:_____	Left:_____			
15 ft.	Right:_____	Left:_____			

Are you going to be an Athlete at Belmont Abbey College? If yes, you will need a Sickle Cell Screening.

Abnormalities	Y	N	Describe
Head, Ears, Nose, Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			
Mammary			

Is there a loss or seriously impaired function of any paired organs? Yes ____ No ____

Please explain if yes _____

Is the student under treatment for any medical or emotional condition? Yes ____ No ____

Please explain if yes _____

Recommendation for physical activity Unlimited ____ Limited ____

Please explain if limited _____

Is the student physically and emotionally healthy? Yes ____ No ____

Please explain if no _____

Signature of Physician, Doctor of Osteopathy, Nurse Practitioner, Physician Assistant Date

Print name and title of health care professional, include office address and phone number with area code