

Physical Examination

Student's Name _____

Blood Pressure _____ Pulse _____ Weight _____ Height _____ LMP _____

Normal	Abnormal	Check appropriately and describe abnormalities
		Head, Scalp and Face
		Eyes Date of last Exam
		Vision: with glasses without glasses
		Right:
		Left:
		Color vision:
		Ears
		Nose
		Mouth and throat
		Teeth Last Exam:
		Neck
		Lungs
		Heart
		Breasts
		Abdomen
		Rectal
		Hernia
		Adenopathy
		Musculo-skeletal
		Neurological
		Skin
		Femoral and pedal pulses
		PELVIC:
		Ext. Gen and BUS
		Vagina
		Cervix
		Uterus AF M RF
		Adnexa
		Recto-Vag

Labwork: _____ Pap Smear _____ GC _____ Chlamydia _____ UA _____
 _____ CBC _____ Rubella Titer _____ RPR _____ Other: _____

Date of last Tetanus (Td) vaccine: _____

Summary of student's health:

- a. Physical _____
- b. Mental _____
- c. Recommendations for follow up: _____
- d. Immunizations reviewed _____ copies made _____ copied to Immunization record _____

Date of Exam _____ Examined by: _____

Signature of Physician _____ Degree _____

Address _____