ST.THOMAS UNIVERSITY
Developing Leaders for Life

Physical Form

TO BE FILLED OUT BY PHYSICIAN

Name _____ Date of exam _____

Height _____ Weight _____ B/P _____ Pulse _____

Vision Right 20/ _____ Left 20/ _____ TB Test Date Done _____ Results _____

Clinical Evaluation	Normal	Abnormal
1. Head		
2. Nose and Sinuses		
3. Mouth		
4. Ears		
5. Eyes		
6. Throat		
7. Lungs		
8. Heart		
9. Abdomen and Viscera		
10. Upper Extremity		
11. Lower Extremity		
12. Musculoskeletal		
13. Skin		
14. Neurological		

Physician Comments:

Surgical procedures done within past 2 years:

Limitations/Rehabilitation needs:

Is the student under any treatment for any medical or emotional conditions? Yes _____ No _____

Is the student allergic to any medications? If yes please list: Yes _____ No _____

List: _____

Upon completion of a complete physical I have found _____
Student's Name

capable of participating in a full program of college study, including participation in intercollegiate sports and/or clinical activities.

Health Care Provider Signature _____ Date _____

Health Care Provider Name _____

Address _____ Phone Number _____