

HEALTH EXAMINATION BY PHYSICIAN

Part 1

Name of applicant _____

Date of birth _____ Height _____ Weight _____

I. Do you have a history of diseases of the following?

Please answer **YES** or **NO**. If you answer **YES** – please explain:

Yes

No

Explanation

	Yes	No	Explanation
Skin			
Eyes/Vision			
Ears/Hearing			
Cardiac			
Lungs/Respiratory Illness			
Musculoskeletal			
Diabetes			
Neurological/Seizures			
Abdominal (Hernias)			
Vascular (Varicose Veins)			
Allergies			

List any medication or drugs taken frequently.

Physical activity limitations?

Yes _____ No _____ Explain: _____

Do you consider the applicant physically and emotionally able to undertake a program in the Health Sciences?

YES _____

NO _____

REMARKS:

Physician's Name _____

Office Address _____

Telephone _____

Physician's Signature

Date of Examination

Return to student for document upload

***Cost of the physical examination, laboratory tests and immunizations assumed by applicant.**

Revised: March 2021