PHYSICAL EXAMINATION

Name_____**Date**_____

(last) (first) (middle)

MEASUREMENTS AND OTHER FINDINGS				
6. Height	7. Weight	8. Color Hair	9. Color Eyes	10. Build slender_____ medium_____ heavy_____ obese_____

11. Blood pressure	12. Pulse	13. Vision	14. Hearing

CLINICAL EVALUATION			
Normal	Abnormal	Check each item column: 'N.B." if not evaluated	**NOTES** - Describe every abnormally in detail. (Enter pertinent number before each comment; continue & use additional sheets if necessary
		15. Head	
		16. Ears (general)	
		17. Eye (general)	
		18. Nose	
		19. Oropharynx	
		20. Neck	
		21. Lungs	
		22. Heart	
		23. Breast	
		24. Abdomen	
		25. Genitalia	
		26. Musculoskeletal	
		27. Neurological	
		28. Psychiatric	

LABORATORY FINDINGS				
29.Urinalysis (required)	Albumin	Sugar	Microscopic	30. Hematocrit or Hemoglobin (women)

31. Results of other pertinent laboratory tests & x-rays _ _____

32. Other information or comments:_____

_____

_____

33. Do you consider this person in satisfactory health to pursue his or her studies? Yes _____ No _____

SIGNED_____

(name typed or printed)_____

Address:_____

_____