

PHYSICAL EXAMINATION

(Please fill out completely)

We require that the physical be done **within one year prior to arrival to campus (ATHLETES must be within six months)** by a health care provider other than the student's relative. **Please note, any abrupt changes in medication before college is not recommended without sufficient monitoring at home.** Please refer any student in need of counseling services at college to Phone (607) 735-1750 or Fax (607) 735-1198.

STUDENT'S NAME: _____ CLASS YEAR: _____ D.O.B.: _____

Sex:	Age:	Blood Pressure:	Pulse:	Height:	Weight:
CLINICAL EVALUATION FOR ALL STUDENTS		NORMAL	ABNORMAL	Note: Give details of each abnormality	
1. Head, Neck, Face, and Scalp					
2. Nose, Mouth, Throat, Teeth, and Gingiva					
3. Ears					
4. Eyes					
5. Pupils and Ocular Motion					
6. Lungs, Chest, and Breasts					
7. Heart					
8. Abdomen					
9. Testicular/ Pelvic Exam					
10. Upper Extremities					
11. Lower Extremities					
12. Feet					
13. Spine, other Musculoskeletal					
14. Skin and Lymphatics					
15. Neurologic					
16. Psychiatric					
17. Recognition of Marfan's Syndrome					
18. Hearing					
19. Vision					
ATHLETES::					
20. Radial Pulse: _____ Femoral Pulse: _____		Heart sounds checked when lying and standing (<i>please check one</i>):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If history of murmur please send EKG and/or Echo report.					
*NCAA and Elmira College require cardiac pre-screening, sickle cell trait screening, and ADD/ADHD testing if applicable for athletic participation.					

PLEASE LIST ANY PRESCRIPTION MEDICATION: _____

Any operations serious injuries, or serious illness not noted above: _____

Please indicate any limitations to college level physical activity (i.e., sports, dance, ROTC, intramurals, community service, and travel): _____

Please attach or forward any medical records that may be needed in order to provide appropriate care to the student while at college.

Date: _____ Signature of Examining Physician: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

OFFICE STAMP (*Acceptable*):