



Physical Examination Form

Completed by Health Care Provider

Upload through the **Student Health Portal**.

Dean College
Health Services
Tel: 508 541-1600

This form is provided for your convenience. Your health care provider's physical form, signed and dated, will be acceptable.

Student Name _____ **Date of Birth** _____
Last First MI

Please list any chronic illness or significant past medical history:

Please list current medications and dosages:

Allergy to Medication, Food or Insect bites: _____

Surgical Hx: _____

Height: _____ **Weight:** _____ **BP** _____ / _____ **Pulse** _____

	NORMAL	ABNORMAL	Comment on abnormal
Skin			
H.E.E.N.T.			
Neck/Thyroid			
Lymph glands			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Neurologic			
Psychological			

☐ Cleared for physical activity without restrictions

☐ Not Cleared (please explain): _____

Name of MD/DO/APNP/PA (print): _____ **Date of Exam:** _____

Signature: _____

Address/phone/Fax: _____