

Clark University Health Services
UNDERGRADUATE PHYSICAL EXAMINATION FORM

Legal Name: _____ Date of Birth: _____

Preferred Name: _____ Sex at birth: _____ Gender: _____

Pronouns: _____ / _____ / _____

Does applicant have any past/current medical problems? Yes No If yes, please describe:

Does the applicant have a history of past/current emotional or psychological problems? Yes No If yes, please describe:

Has applicant been hospitalized in the past? Yes No If yes, please describe:

List Pertinent Family History: _____

Current Medication(s) with dosage:

Allergies: (medication, food, or other): _____

Height _____ Weight _____ BMI _____ Pulse _____ BP _____ / _____ Vision R 20/ _____ L 20/ _____

Date of Exam	Normal	Abnormal Findings
Appearance		
Skin		
HEENT		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurological		
Psychological		

Sports clearance: Medically eligible for all sports without restriction Not medically eligible for any sports

Medically eligible for sports with restriction (please specify): _____

The applicant should should not have additional medical psychological follow up.

Explain treatment plan for additional follow up: _____

Healthcare provider:

- Contact Health Services at 508-793-7467 to discuss availability of services if medical follow up recommended.

- Contact The Center for Counseling and Personal Growth at 508-793-7678 if psychological follow up recommended.

Healthcare provider (Print): _____ NP, PA, MD, DO

Address _____

Phone #: _____ Fax #: _____

Signature of Healthcare provider: _____ Date: _____