SOUTHWESTERN ADVENTIST UNIVERSITY **DEPARTMENT OF NURSING**

Physician's Report of Physical Examination—**CONFIDENTIAL**

Personal Information

Name _____ **Height** _____ **Weight** _____

Vision: R 20/ _____ L 20/ _____ **Corrected:** R 20/ _____ L 20/ _____

Glasses/Contacts? ☐ Yes ☐ No When last checked? _____

Blood Pressure: S _____ D _____ **Pulse:** _____ /minute

	NORMAL	ABNORMAL	*Remarks*
Eyes	☐	☐	
Ears	☐	☐	
Nose	☐	☐	
Mouth	☐	☐	
Teeth	☐	☐	
Throat	☐	☐	
Neck	☐	☐	
Heart	☐	☐	
Lungs	☐	☐	
Abdomen	☐	☐	
Extremities	☐	☐	
Neurological	☐	☐	
Skin	☐	☐	

Immunizations: *See Immunization Record*

Laboratory (*required*): **Hemoglobin** _____ **Urinalysis:** Sugar _____ Albumin _____

Is this person physically and emotionally able to take regular classwork (including P.E.)? ☐ Yes ☐ No

If not, why not? _____

_____

Health Summary: Is there anything significant about this person that would aid us? _____

_____

Please include current treatment or medications and condition for which prescribed. _____

_____

_____

Professional Information & Signature

Date _____ Signed _____

Address _____

Licensed in the State of _____