

Physical Examination



INSTRUCTIONS: TO BE COMPLETED BY A PHYSICIAN, AND RETURNED TO ADMISSIONS OFFICE

AMBASSADOR COLLEGE • ADMISSIONS OFFICE

NAME	SEX	HGHT	WGHT	RACE	DATE OF BIRTH
GENERAL APPEARANCE / POSTURE					

VISION UNCORRECTED

RIGHT 20 /	LEFT 20 /
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CORRECTED

RIGHT 20 /	LEFT 20 /
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HEARING

RIGHT	LEFT
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EXAMINATION

NORM	ABNORM	CHECK EACH ITEM IN APPROPRIATE COLUMN	COMMENTS ON ABNORMALITIES
		1 SKIN	(USE REVERSE SIDE FOR ADDITIONAL COMMENTS)
		2 EYES	
		3 EARS	
		4 NOSE	
		5 MOUTH	
		6 TEETH	
		7 THROAT, TONSILS	
		8 LUNGS	
		9 ABDOMEN	
		10 HERNIA	
		11 GENITALIA	
		12 EXTREMITIES	
		13 SPINE	
		14 REFLEXES	
		15 OTHER:	

URINALYSIS:

BLOOD _____

SPECIFIC GRAVITY _____

ALBUMEN _____

SUGAR _____

CARDIOVASCULAR SYSTEM	CARDIAC RATE	RATE AFTER EXERCISE	AFTER 3 MINUTES REST
B.P.	RHYTHM	MURMURS:	SIZE

SUMMARY

GENERAL HEALTH EXCELLENT GOOD FAIR POOR

RECOMMENDATION FOR ACTIVITY FULL RESTRICTED EXCUSED

DRUG ALLERGY _____ ROUTINE MEDICATION _____

REMARKS ABOUT GENERAL HEALTH OR RESTRICTED PHYSICAL ACTIVITY

PHYSICIAN

SIGNATURE OF PHYSICIAN _____ ADDRESS _____ DATE _____