

SKIDMORE COLLEGE PHYSICAL EXAMINATION FORM

Student's Name: Last: _____ First: _____ Middle Initial: _____ Date of Birth: _____

Vital Signs: Ht: _____ Wt: _____ B/P: _____ PULSE: _____

Medications: _____ **Allergies:** _____

Past Medical History: _____

Item/Area Evaluated	Normal	Not Examined	Abnormal	If Abnormalities Are Noted, Please Describe
Appearance				
Nose & Sinuses				
Mouth & Throat				
Teeth & Gingiva				
Ears				
Eyes				
Neck				
Lungs				
Heart				
Vascular				
Abdomen				
Ano-rectal				
Genitalia				
Upper Extremities				
Lower Extremities				
Spine				
Neurologic				

Tuberculosis: Low Risk High Risk (if checked, complete TB Testing Form)

Comments about previous problematic joints? _____

Any physical stigmata of Marfan's Syndrome? _____

CLEARANCE FOR PARTICIPATION IN:

- All sports without restriction
- Outdoor orientation program (canoeing, mountain climbing, hiking)
- Cleared after completing evaluation/rehabilitation for:

Not cleared for: _____

Reason: _____

Recommendations: _____

STUDENT MUST SCAN AND UPLOAD DOCUMENT TO THE ONLINE SKIDMORE STUDENT HEALTH PORTAL ALONG WITH TUBERCULOSIS SCREENING/TESTING FORM/S AND IMMUNIZATION RECORD

PROVIDER INFORMATION & SIGNATURE REQUIRED

I have conducted a physical examination of this patient within the past year (AFTER 08/01/19). All medical/psychiatric conditions and therapies are noted above or on attached pages.

Date of Exam: ____/____/____

Print Provider Name: _____

Address (Please print or stamp):

Phone # (____) _____ **Fax #** (____) _____

Signature of Healthcare Provider _____
Degree