

Biddeford Student Health Center  
 11 Hills Beach Road  
 Biddeford, ME 04005  
 Tel: (207) 602-2358 Fax: (207) 602-5904



Portland Student Health Center  
 716 Stevens Ave  
 Portland, ME 04103  
 Tel: (207) 221-4242 Fax: (207) 523-1913

## Physical Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ **Date of Exam** \_\_\_\_\_

Urinalysis: Sugar: \_\_\_\_\_ Protein: \_\_\_\_\_ Tobacco Use: \_\_\_\_\_ Allergies: \_\_\_\_\_ Vision: R \_\_\_\_\_ / \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_

**Medications and Dosing:**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

**Diagnosis:**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

Normal	Abnormal	Clinical Evaluation	Describe abnormalities
		Ears	
		Eyes	
		Nose, sinuses	
		Mouth, throat, dental	
		Head, scalp, face, neck	
		Lungs & chest	
		Breasts	
		Heart	
		Vascular system	
		Abdomen & viscera (include hernia)	
		Anus & rectum	
		Metabolic/endocrine	
		GU Male (testicles)	
		GU Female (pelvic/PAP, if indicated)	
		Upper extremities (ROM, strength)	
		Lower extremities (ROM, strength)	
		Musculoskeletal system (spine)	
		Feet	
		Skin	
		Neuropsychiatric	

Do you feel this student is in good health to participate in athletics/ intramurals and clinical activities? **YES NO**

If no, what are the recommendations? \_\_\_\_\_

\_\_\_\_\_  
 Signature of Provider

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone #

- **Mandatory for all incoming students to have a physical the year they are entering college.**
- **PLEASE NOTE: Sports PE MUST be current WITHIN 6 MONTHS prior to the sport that the student will be playing.**
- **Student athletes should VIEW ATHLETIC WEBPAGE for additional medical requirements (Sickle Cell Trait).**