

Biddeford Student Health Center
 11 Hills Beach Road
 Biddeford, Maine 04005
 Tel: 207-602-2358



Portland Student Health Center
 716 Stevens Ave
 Portland, Me 04103
 Tel: 207-221-4242

PHYSICAL FORM

Mandatory for all incoming students to have a physical the year they are coming to school.

Name: _____ DOB: _____

Street: _____ City: _____ State: _____ Zip: _____

Cell: _____ Home: _____

Height: _____	Weight: _____	B/P: _____	P: _____	Temp: _____	Vision: R ____ / ____ L ____ / ____
Urinalysis: Sugar: _____ Protein: _____		Tobacco Use: _____		Allergies: _____	
Medications and dosing:			Diagnosis:		
1. _____	2. _____	1. _____	2. _____	3. _____	4. _____
3. _____	4. _____				

Normal	Abnormal	CLINICAL EVALUATION	Describe abnormalities (comments - suggestions)
		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, 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 clerkship activities? YES NO (if no please explain why).

Signature of Provider **Date** Use stamp here:

Telephone #