



Student Health Services
Biddeford Campus Portland Campus
P 207-602-2358 P 207-221-4242
F 207-602-5904 F 207-523-1913
Patient Portal
une.mediatconnect.com

PHYSICAL EXAMINATION FORM
College of Osteopathic Medicine

- This form must be completed by a health care provider who is not a family member.
- Other physical exam forms will not be accepted.
- Physical must be performed within the 12 months prior to starting your program.

DATE OF EXAM: _____

Last Name:	First:	M:	Sex assigned at birth:	Date of Birth:
Cell Number:				
Medications: include dosage				
Allergies: Medications, Food, Material (latex)/Environmental and reactions:				
Past Medical/Surgical History: please specify				
Cardiac History: Has student ever been diagnosed with any cardiac condition? <u>If yes, please specify and include any documentation from cardiologist</u>				
BP (sitting) _____/_____ Pulse _____ Ht (in) _____ Wt (lbs) _____ BMI _____				
Systems	Normal	Abnormal Findings		
Head, face, scalp and skull				
Nose and sinuses				
Mouth and throat (Include teeth & gingiva)				
Neck (Include thyroid)				
Ears				
Eyes				
Lungs				
Abdomen (Include hernia)				
G-U System				
Orthopedic				
Skin and lymph nodes (Lesions suggestive of MRSA)				
Neurological/Psychological				
Cardiac				

_____ **Cleared for all educational and clinical activities and travel abroad**

_____ **Cleared with the following restrictions:** _____

_____ **Student is NOT cleared:** _____

Provider's Signature _____ Date Signed: _____

Printed Name _____ Tel: _____

Address _____ Fax: _____

Please include copy of immunization record