

## Physical Examination Record

\_\_\_\_\_  
 First Name                                      Middle Name                                      Last Name

Date of Birth: \_\_\_\_\_ M#: \_\_\_\_\_

This information will remain as part of the secured student file in Health Services Office and will remain confidential at all times. The MSM-PA program requires an annual updated medical history, immunizations and physical examination and the immediate notification to the Office of Student Affairs if any health status issues change in the interim. **\*\*Please upload form into Ace-Mapp and send all immunizations questions to Student Health and Wellness Center at shwcrequests@msm.edu\*\***

**Student signature:** \_\_\_\_\_

### **To be completed and signed by healthcare provider**

Print Name: \_\_\_\_\_

First                                      Middle                                      Last  
 Height (Inches): \_\_\_\_\_ Weight (Pounds): \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision:              Right 20/ \_\_\_\_\_      Left 20/ \_\_\_\_\_

Enter "NE" if not evaluated

Medical	Normal	Abnormal	Give details of each abnormality
Head, Neck, Face and Scalp			
Nose and Sinuses			
Mouth, Teeth, Gingiva and throat			
Ears -General (canals, drums, etc.)			
Eyes-General (lids, pupils, motions, etc.)			
Lungs, chest, and breasts			
Heart (include estimate of cardiac function)			
Vascular system (include varicosities)			
Abdomen and Vicera (include hernia)			
Anorectal and Pilonidal			

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