

Clark University Health Services
UNDERGRADUATE PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____ Gender: Male Female Trans _____

Does applicant have any past/current medical problems? Yes No

If yes, please describe: _____

Does the applicant have a history of past/current emotional or psychological problems? Yes No

If yes, please describe: _____

Has applicant been hospitalized in the past? Yes No

If yes, please describe: _____

History of Varicella Disease? Yes No

Review, sign and date Massachusetts Tuberculosis Risk Assessment. Risk factor(s) present? Yes No

If risk factor(s) present complete required testing on the immunization record.

List Pertinent Family History:

Current Medication(s) with dosage:

Allergies: (medication, food, or other):

Height _____ Weight _____ BMI _____ Pulse _____ BP _____ / _____ Vision R 20/ _____ L 20/ _____

Date of Exam:	NORMAL	ABNORMAL FINDINGS
Appearance		
Skin		
HEENT		
Lymph nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurological		
Psychological		

The applicant should should not have additional medical psychological follow up.

Explain treatment plan for additional follow up: _____

Healthcare provider:

- Contact Health Services at 508-793-7467 to discuss availability of services if medical follow up recommended.
- Contact Megan Kersting, Director of The Center for Counseling and Personal Growth, at mkersting@clarku.edu or call 508-793-7678 if psychological follow up recommended.

Healthcare provider: _____

Please print Last First NP, PA, MD, DO

Address _____

Phone #: _____ Fax #: _____

Signature of Healthcare provider: _____ Date: _____