Campus Services Group
Health Services Office

AUTHORITY TO CONDUCT MEDICAL EXAMINATION

DATE: _____
SCHOOL YEAR: _____

ID NUMBER: _____ COLLEGE: _____

LAST NAME: _____ FIRST NAME: _____ M.I._____

CONTACT#: _____ GENDER: ☐ FEMALE ☐ MALE

CONTACT PERSON IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

CONTACT#: _____

I, _____, ____years old accept and understand that I am required to undergo a physical examination and chest x-ray to determine my fitness and well-being as a student. I fully understand that the results will be held as confidential medical records and will be used by the University for my care and treatment. My health information cannot be released to third persons except with my consent or unless the disclosure of the information is required by law. I also accept and understand that the procedures are requirements for the next academic year enrolment. I acknowledge that my medical records will be retained by the University for a period of 5 years from examination or health visit.

_____
Signature of Student

PHEX Consultation Details

Physical Exam (to be filled up by a nurse/doctor)

Blood Type_____
Blood Pressure_____
Resp. Rate_____
Temperature_____
Pulse Rate_____
Height (in inches) _____
Weight (in pounds) _____
BMI (to be computed by the system) _____
BMI Category-system-generated_____
LMP (Female) _____
Right Vision_____
Left Vision _____

☐ Corrective Lens

MROTC_____
MPE_____

Medical History (updated)

1._____
2._____
3._____
4._____

Medications_____
_____
_____

Social History

___ Smoking
___ Drinking
___ Exercising

Findings

Extremities
___ Left Handed
___ Right Handed

Diagnosis

_____
_____
_____

Remarks/Recommendations

☐ Physically Fit

☐ For Clearance

_____
_____
_____

Physical Findings	Abnormal Findings
EENT ___Normal	
Head and Neck ___Normal	
Breast ___Normal	
Lungs ___Normal	
Heart ___Normal	
Neurologic ___Normal	
Chest X-ray ___Normal	
Abdomen ___Normal	
Skin ___Normal	

_____ _____
Assigned Nurse **Examining Physician**

_____ _____

Assigned Nurse **Examining Physician**