



MEDICAL EXAMINATION FORM

✓ DATE: _____
✓ SCHOOL YEAR: _____

✓ ID NUMBER: _____ ✓ COLLEGE: _____
 ✓ LAST NAME: _____ ✓ FIRST NAME: _____ ✓ MIDDLE NAME: _____
 ✓ CONTACT #: _____
 ✓ CONTACT PERSON IN CASE OF EMERGENCY: _____ ✓ RELATIONSHIP: _____
 ✓ CONTACT #: _____

AUTHORITY TO CONDUCT MEDICAL EXAMINATION

✓ 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-out 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 (1st day of your last Menstruation)
 (Female only) _____
 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

Assigned Nurse

Examining Physician

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	
Drug test ___ Normal	