Selma University

PHYSICAL EXAMINATION

(Please print in black ink)

To be completed and signed by physician or clinic

A physical examination is required for admission to Selma University. This form must be completed and signed by a physician or clinic.

Last Name First Name Middle Name	/ / Date of Birth	*SOCIAL SECURITY NUMBER
Permanent Address		/ / Area Code/Phone Number

Musculoskeletal	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Neck			
2. Back			
3. Shoulder/elbow/arm			
4. Knee			
5. Ankle/leg			
6. Hip/thigh			
7. Neck			
Objective			
1. Eyes/Ears/Nose			
2. Skin			
3. Vision	Corrected Glasses ☐ Contacts ☐		

Height_____ Weight_____ TPR_____/_____/_____ BP _____/_____

PPD SKIN TEST (Results):	**COMMENTS:**

A. Is there loss or seriously impaired function of any paired organs? Yes_____ No_____

Explain_____

B. Is student under treatment for any medical or emotional condition? Yes_____ No_____

C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited_____ Limited_____

D. Is student physically and emotionally healthy? Yes_____ No_____

F. Is student pregnant? Yes _____ No_____ Number of Weeks _____ Expected Due Date _____

_____ _____

Signature of Examiner Date

_____ _____

Print Name of Examiner Code/Phone Number

_____

Office Address City State Zip Code

Note: Please attach a copy of your immunization record (Blue Slip).

*Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping