



Student Health Services  
 Biddeford Campus Portland Campus  
 P 207-602-2358 P 207-221-4242  
 F 207-602-5904 F 207-523-1913  
 Patient Portal  
 une.mediatconnect.com

**PHYSICAL EXAMINATION FORM**  
**College of Osteopathic Medicine**

- This form must be completed by a health care provider who is not a family member.
- Other physical exam forms will not be accepted.
- Physical must be performed within the 12 months prior to starting your program.

**DATE OF EXAM:** \_\_\_\_\_

Last Name:	First:	M:	Sex assigned at birth:	Date of Birth:
Cell Number:				
Medications: include dosage				
Allergies: Medications, Food, Material (latex)/Environmental and reactions:				
Past Medical/Surgical History: please specify				
Cardiac History: Has student ever been diagnosed with any cardiac condition? <u>If yes, please specify and include any documentation from cardiologist</u>				
BP (sitting) _____ / _____    Pulse _____    Ht (in) _____    Wt (lbs) _____    BMI _____				
Systems	Normal	Abnormal Findings		
Head, face, scalp and skull				
Nose and sinuses				
Mouth and throat (Include teeth & gingiva)				
Neck (Include thyroid)				
Ears				
Eyes				
Lungs				
Abdomen (Include hernia)				
G-U System				
Orthopedic				
Skin and lymph nodes (Lesions suggestive of MRSA)				
Neurological/Psychological				
Cardiac				

\_\_\_\_\_ Cleared for all educational and clinical activities and travel abroad  
 \_\_\_\_\_ Cleared with the following restrictions: \_\_\_\_\_  
 \_\_\_\_\_ Student is NOT cleared: \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

*Please include copy of immunization record*