



**Bryant**  
UNIVERSITY

## **PHYSICAL EXAM**

HEALTH SERVICES  
401-232-6220 FAX- 401-232-6702

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STUDENT ID #: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_ (MUST be within one year of University entry - - six months for athletes)

### ♦ **VITALS MUST BE COMPLETED**

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ BMI: \_\_\_\_\_

| NORMAL | Check each item in appropriate column<br>Enter NE if not evaluated | NOTE: Describe every abnormality in detail |
|--------|--|--|
|        | Head, face, neck, scalp  |  |
|        | Nose and sinuses   |  |
|        | Mouth, teeth, throat   |  |
|        | Ears   |  |
|        | Eyes   |  |
|        | Ophthalmoscopic  |  |
|        | Neck, thyroid  |  |
|        | Thorax and breasts   |  |
|        | Lungs  |  |
|        | Heart  |  |
|        | Abdomen  |  |
|        | Anus and rectum  |  |
|        | Endocrine system   |  |
|        | G.U. system  |  |
|        | Upper extremities  |  |
|        | Lower extremities  |  |
|        | Feet   |  |
|        | Spine  |  |
|        | Neurologic   |  |
|        | Psychiatric evaluation   |  |
|        | Skin   |  |
|        | Lymphatic system   |  |
|        | Vascular system  |  |
|        | Other:   |  |

Is this student receiving or does he/she require continuing medical care, therapy or observation? \_\_\_\_\_  
If YES, please explain (include notation of medication and dosages and plans concerning illness such as heart disease, asthma, diabetes, seizure disorders, etc.) \_\_\_\_\_

➤ Does this student have any life-threatening allergies? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please send allergic response and suggested treatment)

I hereby declare that the above named student is medically cleared to participate in intercollegiate athletics at Bryant University.  
Fit to participate YES \_\_\_\_\_ NO \_\_\_\_\_

### HEALTH CARE PROVIDER:

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Generic Physical Exam Form Template

**L Darling-Hammond**



## **Generic Physical Exam Form Template:**

## Unveiling the Magic of Words: A Overview of "**Generic Physical Exam Form Template**"

In a global defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their ability to kindle emotions, provoke contemplation, and ignite transformative change is really awe-inspiring. Enter the realm of "**Generic Physical Exam Form Template**," a mesmerizing literary masterpiece penned with a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve to the book is central themes, examine its distinctive writing style, and assess its profound effect on the souls of its readers.

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negro que quiere ser soldado y que gracias a su voluntad y esfuerzo consigue pasar de esclavo a héroe superando las injusticias de una sociedad racista bertolottoporte com 1 12

*e r f f i i 1 ñ i biblioteca virtual miguel de cervantes* - Sep 04 2022

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