

PHYSICAL EXAMINATION FORM

To be filled out by Health Care Provider

Required of all Traditional students – Due prior to enrollment

NAME _____ **DATE OF BIRTH** ____/____/____
Last First Middle month day year
Email address: _____ **Phone number:** (____)____-_____

Height:	Weight:	Handed: Right Left	BP:	Pulse:
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Vision: Left Eye: _____ Right Eye: _____ Both Eyes: _____ Glasses or Contacts: _____

Are there any abnormalities in the following systems?			
	Yes	No	
• Head.....	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal
• Eyes, Ears, Nose, or Throat.....	<input type="checkbox"/>	<input type="checkbox"/>	• Neck.....
• Respiratory.....	<input type="checkbox"/>	<input type="checkbox"/>	• Shoulder.....
• Cardiovascular.....	<input type="checkbox"/>	<input type="checkbox"/>	• Elbow.....
• Hernia.....	<input type="checkbox"/>	<input type="checkbox"/>	• Wrist.....
• Genitourinary.....	<input type="checkbox"/>	<input type="checkbox"/>	• Hand.....
• Metabolic/Endocrine.....	<input type="checkbox"/>	<input type="checkbox"/>	• Back.....
• Nervous System.....	<input type="checkbox"/>	<input type="checkbox"/>	• Hip.....
• Psychiatric (including eating disorders).....	<input type="checkbox"/>	<input type="checkbox"/>	• Thigh.....
• Skin.....	<input type="checkbox"/>	<input type="checkbox"/>	• Knee.....
• Gastrointestinal.....	<input type="checkbox"/>	<input type="checkbox"/>	• Ankle.....
			• Foot.....
			• Scoliosis.....

Does this student require a specific diet?

Please list any medications (prescription & OTC including herbal & dietary supplements) and doses this student is taking:

List hospitalizations & surgeries (providing details, including dates, diagnosis, and complications):

List any injuries:

CLEARANCE FOR SPORTS PARTICIPATION — (A **copy** of this form may be submitted to Admissions to be used as a sports physical.)

_____ Cleared

_____ Cleared after completing the evaluation/rehabilitation for: _____

_____ Not cleared. Why: _____

Signature of Examiner: _____

Print Name: _____

Address: Street _____ City _____ State _____ Zip _____

Phone: _____

Please submit to: admissions@highlandscollge.com OR mail to Highlands College / 1701 Lee Branch Lane / Birmingham, AL 35424