

# 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
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Permanent Address	/ / Area Code/Phone Number
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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			
<b>Objective</b>			
1. Eyes/Ears/Nose			
2. Skin			
3. Vision	Corrected Glasses <input type="checkbox"/> Contacts <input type="checkbox"/>		

Height \_\_\_\_\_ Weight \_\_\_\_\_ TPR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

<b>PPD SKIN TEST (Results):</b>	<b>COMMENTS:</b>
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- 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 \_\_\_\_\_

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