PHYSICAL EXAMINATION

To be completed by health care provider. Exam must be within the past year.

Student Name(print)_____ Date of Birth_____

Date of exam	Temp	Pulse	BP	Ht.	Wt.

Check each item in proper column			
	Normal	Abnormal	Describe abnormalities
Head, ears, nose, throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatry			
Skin			

Current Medications: _____

_____

_____

Medication Allergies: _____

_____

_____

Is student under treatment for any physical or mental health conditions? ☐ Yes ☐ No

If yes, please explain:_____

_____

_____

ATHLETES:

Does student have personal or family history of: Cardiac Hx (murmur, arrhythmia)? ☐ Yes ☐ No

Family Hx of nontraumatic sudden death before age 50? ☐ Yes ☐ No

Family Hx of Marfan Syndrome? ☐ Yes ☐ No

Prior Heat stress Hx? ☐ Yes ☐ No

Prior Exertional chest pain? ☐ Yes ☐ No

Pulmonary Hx (asthma, EIA, etc) ☐ Yes ☐ No

Head Injuries (number and severity)? ☐ Yes ☐ No

If yes to any of above, explain: _____

This student is medically cleared to participate in intercollegiate athletics: ☐ Yes ☐ No

List any limitations to performance: _____

REQUIRED FOR ADMISSION – Immunization History

Measles/Mumps/Rubella (MMR): 2 required: #1 _____ #2 _____ or copy of positive titer

Tet/Dipth/Pert (Tdap): within last 10 years _____

Hepatitis B Series: #1 _____ #2_____#3 _____ or copy of positive titer

Varicella: (2 required): #1_____ #2 _____ or copy of positive titer/date of disease

Meningococcal (MCV4): #1_____ #2 _____

Polio: (date of completed primary series) _____

If high risk for TB; Tuberculin Skin Test: Date placed: _____ Date Read: _____ Result _____

or attach copy of Quantiferon test or chest X-ray

RECOMMENDED: Meningococcal B: #1 _____#2_____ Hepatitis A: #1 _____ #2_____

COVID 19: #1 _____ #2 _____ #3 _____

Signature of Health Care Provider _____ Printed Name_____

Address: _____

WESTMINSTER COLLEGE

Wellness Center

319 South Market Street | New Wilmington, PA 16172 | 724-946-7927 | westminster.edu