

TUSKEGEE UNIVERSITY STUDENT HEALTH SERVICES

PART 2 -PHYSICAL EXAM

(TO BE COMPLETED BY MEDICAL PROVIDER)

Student's Full Name _____ Date of Birth _____

Date of Physical Exam (must be within the last 6 months): _____ Height: _____ Weight: _____

Blood Pressure: _____ Pulse: _____

For Medical Provider, please circle below as indicated:

General appearance	Normal	Abnormal
HEENT	Normal	Abnormal
Neck and thyroid	Normal	Abnormal
Heart	Normal	Abnormal
Lungs	Normal	Abnormal
Abdomen	Normal	Abnormal
Genitourinary	Normal	Abnormal
Skin	Normal	Abnormal
Neurological	Normal	Abnormal
Psychological	Normal	Abnormal

Summary of abnormalities (Attach documents, if indicated):

List ALL Allergies:

Is the student receiving medical care for a chronic condition or serious illness? YES NO

Do you feel that there are any mental or emotional issues that we should be aware of? YES NO

Do you have any concerns about the student participating in strenuous physical activity? YES NO

Summary of clinical concerns and recommendations (Attach documents, if indicated):

PART 3 - IMMUNIZATION RECORD

REQUIRED Immunizations: Measles, Mumps and Rubella (MMR).

*Two doses of MMR OR evidence of positive titer is required for all students born after 1956.

Date of MMR #1: _____ Date of MMR #2: _____ OR Date of Positive Titer: _____

Highly Recommended Vaccines:

Meningococcal Vaccine – All incoming students; 1 dose on or after age 16

Date of Meningococcal Vaccine: _____

REQUIRED PPD (TB Skin Test) within the 12 months:

Date given: _____ Date read: _____ Results: _____

If positive, attach Chest x-ray results: _____

Health Care Provider's Signature: _____ Date: _____

Print Health Care Provider's Name: _____ Date: _____

Address: _____

Tel. No: _____

Fax #: _____