

Student's Name _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Systems	Normal?	Explanation
Head, Ears, Nose, Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Eyes		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		
Is there loss or impaired function of any paired organ?		

Please answer the following: Any explanations or general comments may be listed below or attach a sheet with further information.

Recommendations for physical activity Limited _____ Unlimited _____

Explanations or Comments:

C. HEALTH CARE PROVIDER SIGNATURE OR STAMP REQUIRED.

Clinician's Name (please print) _____

Address: _____ Phone Number _____

Signature of Clinician: _____ Date _____

This information is confidential and will NOT be visible to any member of the PC Faculty or Staff.

D. STUDENT

Submit this **completed** form confidentially to:

Presbyterian College Health Services Office
Attention: PA Student Health Forms
503 South Broad St.
Clinton, SC. 29325

DO NOT send this form to anyone at the PA Program for any reason.