



Physical Examination Form

To be completed by Health Care Provider.
Return to Health Services before student arrives on campus to avoid registration hold and a late fee.

Dean College Health Services
99 Main Street
Franklin, MA 02038
Tel: 508 541-1600
Fax: 508 541-1925

Student Name _____ Date of Birth _____
Last First MI

PHYSICAL EXAM: Required of **ALL** new incoming students. Your health care providers physical form signed and dated within the last year will be acceptable.
Athlete's – New and returning. Physicals must be no later than **May 1, 2017**.
Any athlete without a valid physical will be unable to participate in practices, conditioning or games.

Please list any chronic illness or significant past medical history:

Please list current medications and dosages:

Allergy to Medication, Food or Insect bites: _____

Surgical Hx: _____

Height: _____ Weight: _____ BP _____ / _____ Pulse _____

	NORMAL	ABNORMAL	Comment on abnormal
Skin			
H.E.E.N.T.			
Neck/Thyroid			
Lymph glands			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Neurologic			
Psychological			

Recommendations for Physical Activity: Unlimited: _____ Limited: _____
If limited, please explain:

HEALTH CARE PROVIDER:

Signature _____ Date of Exam _____

Name (or stamp) _____ Phone# _____

Address _____ Fax# _____