

PHYSICAL EXAMINATION FORM- General (non-program-specific)

 This form must be completed by a healthcare provider, not a family member. Other physical exam forms will not be accepted. Student Health Services

Biddeford Campus Portland Campus
P 207-602-2358 P 207-221-4242
F 207-602-5904 F 207-523-1913
Patient Portal

une.medicatconnect.com

Varsity and Club Athletes: The entire form must be completed, including "Additional Required Exam for Athletic Clearance" portion.
 The physical exam must be performed within 6 months of your initial participation. Please check with the Athletics Department for the specific date. Students missing these requirements will not be medically cleared to participate.

Last Name:	First:	M:	Sex assigned at birth:	Date of Birth:
Cell Number:				
Medications: include dosage				
Allergies: Medications, Food, Material (latex)/Environmental and reactions:				
Past Medical/Surgical History: please specify				
Cardiac History: Has student ever been diagnosed with any cardiac condition? If yes, please specify and include any documentation from cardiologist				
BP (sitting)/	Pulse	Ht (in) Wt (lbs)	BMI
Systems		Normal	Abnorma	l Findings
Head, face, scalp and skull				
Nose and sinuses				
Mouth and throat (Include teeth & gingiva)				
Neck (Include thyroid)				
Ears				
Eyes				
Lungs				
Abdomen (Include hernia)				
G-U System				
Orthopedic				
Skin and lymph nodes (Lesions suggestive of MRSA)				
Neurological/Psychological				
Cardiac				
*ADDITIONAL REQUIRED EXAM FOR ATHLETIC CLEARANCE - EACH BOX MUST BE CHECKED *				
Precordial Auscultation	Supine			
Murmurs Detected?	Squatting			
	Standing			
Femoral and Radial Artery	Standing w/ Valsalva			
Pulses	exclude coarctation			
Physical Stigmata for Marfar	n Syndrome?			
Cleared for all <u>SPORTS</u> , educational activities, and travel abroad				
Cleared for all educational activities and travel abroad				
Cleared with the following restrictions:				
Student is NOT cleared:				
Provider's Signature			Date of exam:	
Printed Name			Tel:	
Address_			Fax:	