

HEALTH SCIENCES Physical Examination Form

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Last Name _____ First Name _____ GWid _____

Email _____ Phone _____ Date of birth (MM/DD/YYYY) _____ Term/Year First
Admitted _____

Health Sciences Program (circle one): **Medical Lab Science** **Physician Assistant** **Physical Therapy**

Physical Exam (Required annually for Health Sciences students engaging in clinical practice)

Age: _____ **Height:** _____ **Weight:** _____
Pulse: _____ **Blood Pressure:** _____/_____/_____ **Temp:** _____
Vision: Uncorrected: R____/____ L____/____ Both____/____
 Corrected: R____/____ L____/____ Both____/____

Normal	Region	Abnormal Findings
	Eyes	
	Ears, Nose, Throat	
	Mouth, Teeth	
	Neck	
	Cardiovascular	
	Chest, Lungs	
	Abdomen	
	Skin	
	Genitalia	
	Musculoskeletal	
	Neuromuscular	

Remarkable Medical / Surgical History: _____

GW HEALTH SCIENCES Physical Examination Form (cont'd)

Remarkable Family / Social History: _____

Allergies: _____

Medications: _____

Last Name First Name GWid

Tuberculin Skin Test (Mantoux) – Required Annually

Date Placed ___/___/___ Date Read ___/___/___ Result (in mm): _____

(If positive ONLY) Result of Chest X-Ray: _____ Date of Chest X-Ray : ___/___/___

I certify this student:

- Has received a physical examination;
- Is found to be in good health and able to participate in classroom and clinical education components necessary to his/her program of study at the George Washington University.

Health Care Provider Signature or Stamp Date Health Care Provider Phone Number

PA and PT Students – Please upload both pages of the completed form to your Certiphi myRecordTracker account.

MLS Students – Please upload both pages of the completed form and the Physician Statement of Essential Functions Form to your Certiphi myRecordTracker account.