



## Physical Examination Record

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Date of Birth: \_\_\_\_\_

M#: \_\_\_\_\_

This information will remain a part of the secured student file in Health Services Office and will remain confidential at all times. The MSM-PA program requires an annual updated medical history, immunizations and physical examination and the immediate notification to the Office of Student Affairs if any health status issues change in the interim. \*\*Please upload form into Ace-Mapp and send all immunizations questions to Employee Health and Wellness Center at shwcrequests@msm.edu\*\*

Student signature: \_\_\_\_\_

To be completed and signed by healthcare provider

Print Name: \_\_\_\_\_

First Middle Last  
Height (Inches): \_\_\_\_\_ Weight (Pounds): \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_

Enter "NE" if not evaluated

Medical	Normal	Abnormal	Give details of each abnormality
Head, Neck, Face and Scalp			
Nose and Sinuses			
Mouth, Teeth, Gingiva and throat			
Ears-General (canals, drums, etc.)			
Eyes-General (lids, pupils, motions etc.)			
Lungs, chest, and breasts			
Heart (include estimate of cardiac function)			
Vascular system (include varicosities)			
Abdomen and Viscera (include hernia)			
Anorectal and Pilonidal			

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