

UAB SH&W PHYSICAL EXAMINATION (*Please print in black ink*) To be completed and **signed** by physician or clinician. A physical examination is required for all clinical students within 1 year prior to matriculation.

You may schedule a physical exam at Student Health & Wellness if you do not have a physician. Schedule an appointment through your patient portal or call 205-934-3580 and ask our receptionist for details.

Last Name			First Name		Middle	Date of Birth (mm/dd/yyyy)	BlazerID@uab.edu
Permanent Address				City	State	Zip Code	Area Code/Phone Number

Height _____ Weight _____ TPR ____/____/____ BP ____/____

REQUIRED

Vision: Corrected Right 20/____ Left 20/____

Uncorrected Right 20/____ Left 20/____

Color Vision _____

Are there abnormalities? If so, describe full	WNL	ABN	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Musculoskeletal			
7. Metabolic/Endocrine			
8. Neuropsychiatric			
9. Skin			
Other			

A. Is there loss or seriously impaired function of any organs? ____ No ____ Yes

Explain _____

B. Recommendation for physical activity (physical education, intramurals, etc.) ____ Unlimited ____ Limited

Explain _____

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Date

Office Address/Stamp (**Required**)

Area Code/Phone Number