

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 ____/____

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

 Area Code/Phone Number