

# ALVERNIA UNIVERSITY



Health & Wellness Center  
 Veronica Hall—Lower Level  
 610-568-1467 / Fax 610-796-8422  
 h&w@alvernia.edu

## PHYSICAL EXAM

(Please type or print. All forms are due prior to the start of classes.)

\_\_\_\_\_  
 Last Name First Name MI

\_\_\_\_\_  
 Date of Birth Cell Phone Number

\_\_\_\_\_  
 Address Home Phone Number

\_\_\_\_\_  
 Height Weight Blood Pressure Pulse

Corrected Vision: 20/\_\_\_\_\_  
 RIGHT LEFT Date of Last Dental Exam: \_\_\_\_\_

	Normal	Abnormal- Please Describe
Ear, nose, or throat		
Skin		
Eyes		
Cardiovascular		
Gastrointestinal		
Hernia		
Respiratory		
Metabolic/Endocrine		
Genitourinary		
Musculoskeletal		
Neurologic		
Neuropsychiatric		

Please identify any problems that will limit activity or need ongoing care by the Health & Wellness Center Staff. Give your recommendations for this care.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I performed a physical exam on this student and he/she is medically cleared to participate in intercollegiate athletics, intramurals, and physical education programs: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Please explain if no:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician's Name (Print) Signature Date

\_\_\_\_\_  
 Address Phone Number

Please return all information to: Alvernia University- Health & Wellness Center  
 400 Saint Bernardine Street  
 Reading, PA 19607

If any questions:  
 Phone: (610)568-1467  
 Fax: (610)796-8422  
 E-mail: h&w@alvernia.edu