

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 professional clinical experience and intercollegiate athletics: 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