

VIRGINIA MILITARY INSTITUTE
PHYSICAL EXAMINATION FORM

THIS PAGE TO BE COMPLETED BY THE HEALTH CARE PROVIDER
ALL ITEMS BELOW ARE REQUIRED

APPLICANT'S FULL NAME: _____ Date of Birth _____

<u>DISTANCE VISION:</u>			
If applicant does not wear glasses or contacts, please complete: Uncorrected vision Right 20/_____ Left 20/_____		If applicant wears glasses or contacts, please complete: Corrected vision Right 20/_____ Left 20/_____	

CLINICAL EVALUATION (All items must be checked) **Date of exam** _____

Normal	Abnormal		Normal	Abnormal	
		HEENT (Head, eyes, ears, nose, throat)			Abdomen
		Teeth and jaw			Skin
		Neck and thyroid			Spine, other musculoskeletal
		Ears (can hear whisper)			Upper extremities
		Eyes			Lower extremities
		Lungs and chest			Feet
		Heart- (lying and standing/valsava)			Neurological
		Vascular System - (Femoral pulses equal B/L)	NO	YES	*Any stigmata of Marfan syndrome? Please circle yes or no

* (i.e. arm span > height, thumb sign, wrist sign, kyphoscoliosis, pectus excavatum or carinatum, etc.)

Blood Pressure _____ Pulse _____

Remarks: (Describe every abnormality in detail.) _____

Are you aware of any psychological concerns now or in the past? YES _____ NO _____ (If yes, describe in detail, Use additional sheet if necessary.) _____

The applicant may participate in VMI's required boxing course? YES _____ NO _____

The applicant is cleared for full participation in NCAA Athletics and required PE courses. YES _____ NO _____

This applicant is cleared for participation in ROTC, a program not more physically strenuous than a normal college PE program. YES _____ NO _____

How long has your practice known the applicant? _____

Please see that ALL ITEMS ARE COMPLETED before returning this form.			
Printed name _____	Telephone _____		
Office address _____	Fax _____		
_____	Signature _____	MD/DO/NP/PA	
City _____	State _____	Zip _____	Date _____

ALL ITEMS ABOVE ARE REQUIRED