# 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 _____

**DISTANCE VISION:**

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 (Check each item in appropriate column)

| 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/valsalva) | | | Neurological |
| | | Vascular System - (Femoral pulses equal B/L) | **NO** | **YES** | Any stigmata of Marfan syndrome |

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