PHYSICAL EXAM

To be completed by Physician:

Thaddeus Stevens College of Technology

750 E. King Street – Brenner Hall - Lancaster, PA 17603
717-299-7769 meshey@stevenscolleg.edu
717-299-7769 (fax)

_____

Last Name First Name Middle Initial

BP_____Heart Rate_____Height (in.)_____Weight (lbs)_____

Examination Findings (Describe fully. Use additional sheets if necessary)

	NL	ABN	Findings (describe)		NL	ABN	Findings (describe)
General Appearance	□	□	_____	Neck	□	□	_____
Skin	□	□	_____	Chest	□	□	_____
Head	□	□	_____	Heart	□	□	_____
Eyes	□	□	_____	Abdomen	□	□	_____
Nose/Sinus	□	□	_____	Extremities	□	□	_____
Mouth	□	□	_____	Neuro	□	□	_____

General Comments_____

_____

_____

Recommendations for physical activity:
Including physical education, athletic activities, sports, etc : □ Unlimited □ Limited
Explain_____

_____

Is the patient now under treatment for any medical or emotional condition? □ Yes □ No
Explain_____

_____

_____

Practitioner's signature Phone Number

_____

Print Last Name Date

_____

Address City State Zip

AUTHORIZATION FOR TREATMENT OF MINORS

If the student has not yet reached her/his 18th birthday before the beginning of the academic year for which the student is registered, the following authorization by a parent or legal guardian is required.

I hereby grant permission to TSCT to proceed with any needed medical, mental health, or minor injuries treatment for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the medical provider to contact me in the most expeditious manner possible. If said provider is unable to communicate with me, the treatment necessary for the best interest of the above named student will be given.

Parent/legal guardian signature:_____ **Date**_____

Printed Name:_____ **Relationship to student**_____

Home Phone Number:_____ **Work Phone Number:**_____