



Wilderness Program

PHYSICAL EXAMINATION

(To be completed by Physician)

PLEASE RETURN THIS FORM WITH TEST RESULTS PRIOR TO ENROLLMENT.

Please make specific entries regarding any abnormal/positive physical findings. Otherwise indicate normal physical findings with a check mark. Thank you.

Student Name _____ Date of Last Exam _____

Birthdate _____ Height _____ Weight _____

Exam Date _____ Integument _____ Head _____

Eyes: Glasses/Contacts _____ Vision: R _____ L _____

Ears _____ Whisper hearing test _____

Nose/Throat _____

Neck/Lymph _____

Chest _____

Heart _____

Abdomen _____

Genitalia/Hernia _____

Neurological _____

Musculoskeletal _____

Scoliosis _____

Pelvic and/or Breast Exam _____

Significant findings/recommendations:

Is there any physical impairment which would limit the student's ability to participate in activities?

Please list all current medical problems which are now under treatment. Include all medications being taken and the dosage.

Please list any allergies the student has experienced, as well as reactions and/or medications.

Required laboratory tests and immunizations (please attach results).

1. Urinalysis
2. CBC with Differential
3. Glucose
4. VDRL
5. Viral Hepatitis Screen (A & B)
6. HIV Test (If sexually active)
7. Tuberculosis Skin Test (Date & Result) *
8. Tetanus (Within Past 5 Years)
9. Gonorrhea (If indicated)

*If patient has positive PPD please indicate date/result of chest x-ray.

Note: not all tests are needed if student has not been sexually active.

Physician's signature _____

Address _____

Telephone (____) _____

Date _____