Highlands College

PHYSICAL EXAMINATION FORM

To be filled out by Health Care Provider

Required of all Traditional students – Due two weeks prior to arrival/classes

PERSONAL DATA

Last Name First Middle **Birthdate:**

Height: **Weight:** **Handed:** Right Left **BP:** | **Pulse:**

Vision: Left Eye: Right Eye: Both Eyes: Glasses or Contacts:

Are there any abnormalities in the following systems?

	Yes	No
Head	☐	☐
Eyes, Ears, Nose, or Throat	☐	☐
Respiratory	☐	☐
Cardiovascular	☐	☐
Hernia	☐	☐
Genitourinary	☐	☐
Metabolic/Endocrine	☐	☐
Nervous System	☐	☐
Psychiatric (including eating disorders)	☐	☐
Skin	☐	☐
Gastrointestinal	☐	☐

Musculoskeletal	Yes	No
• Neck	☐	☐
• Shoulder	☐	☐
• Elbow	☐	☐
• Wrist	☐	☐
• Hand	☐	☐
• Back	☐	☐
• Hip	☐	☐
• Thigh	☐	☐
• Knee	☐	☐
• Ankle	☐	☐
• Foot	☐	☐
• Scoliosis	☐	☐

Does this student require a specific diet?

Please list any medications (prescription & OTC including herbal & dietary supplements) and doses this student is taking:

List hospitalizations & surgeries (providing details, including dates, diagnosis, and complications):

List any injuries:

CLEARANCE FOR SPORTS PARTICIPATION — (A **copy** of this form may be submitted to Admissions to be used as a sports physical.)

_____ Cleared

_____ Cleared after completing the evaluation/rehabilitation for: _____

_____ Not cleared. Why: _____

Signature of Examiner:

Print Name:

Address: Street City State Zip

Phone:

Please submit to: admissions@highlandscollege.com OR mail to Highlands College / 3660 Grandview Parkway / Birmingham, AL 35243