



NAME (PRINT) _____

DATE OF BIRTH _____

PART A – PHYSICAL EXAMINATION

TO BE COMPLETED BY EXAMINING HEALTH CARE PROVIDER

(Physical exam must be completed within 1 year prior to start date at Messiah University)

Will the student be participating in NCAA athletic sports team? Y/N Which sport? _____

****NCAA requires physical exam 6 months prior to start date.**

Height _____ Weight _____ BMI _____ BP _____ Pulse _____ Vision _____ Corrected? Y/N

SYSTEM	NORMAL	ABNORMAL (PLEASE DESCRIBE)
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
GASTROINTESTINAL		
MUSCULOSKELETAL		
NEUROLOGICAL		
LYMPHATIC		
PSYCHOLOGICAL		

CHRONIC HEALTH PROBLEMS

CURRENT MEDICATIONS, INCLUDING DOSING INSTRUCTIONS

MEDICATION ALLERGIES (REACTION) _____

QUESTIONS BELOW ARE REQUIRED TO BE COMPLETED	YES	NO
ARE YOU AWARE OF ANY CONDITION THAT MIGHT AFFECT THIS STUDENT’S ABILITY TO LIVE RESIDENTIALLY OR SUCCEED ACADEMICALLY?		
IS THE STUDENT FIT TO PARTICIPATE IN ALL ACTIVITIES, INCLUDING, BUT NOT LIMITED TO GENERAL WELLNESS CLASSES, INTRAMURAL ACTIVITIES, ATHLETIC COMPETITIONS AND OTHER PHYSICAL EXERCISE?		

HEALTH CARE PROVIDER SIGNATURE _____	Date of Exam _____
Print name _____	Phone _____ Fax _____
Address _____	

PART A and PART B MUST be completed by health care provider and UPLOADED TO HEALTH PORTAL.