

BETHANY COLLEGE STUDENT HEALTH PHYSICAL EVALUATION

Health records are required for all Bethany College students

Please complete this form, **make a copy for your records**, and return to:

Health Services #59, Bethany College, 31 East Campus Drive, Bethany, WV 26032 or fax to 304-829-7471

THE FOLLOWING IS TO BE COMPLETED BY A PHYSICIAN or designee

NAME _____ MALE FEMALE

Date of Birth _____ Social Security # _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

MEDICATION ALLERGIES _____

MEDICATIONS _____

EYES _____ EARS _____

NOSE _____ THROAT _____

HEAD / NECK / SPINE _____

SKIN _____

CHEST _____

LUNGS _____

HEART _____

MURMURS _____

ABDOMEN _____

GENITALIA _____

EXTREMITIES _____

NEUROLOGICAL _____

SIGNIFICANT PAST MEDICAL HISTORY (Physical and emotional) _____

RESTRICTIONS OR OTHER PERTINENT HEALTH INFORMATION _____

STUDENT IS CLEARED TO PARTICIPATE IN INTERCOLLEGIATE SPORTS YES NO *

* If unable to clear, please give reason _____

Name of physician (print or type) _____ Date _____

Address _____ Phone _____

Physician's (or designee) Signature _____

Attach any significant medical history or pertinent information concerning this student.