

# Brandeis University Physical Exam Form

A Physical done within 6 months is required for NCAA athletes (and is submitted to Athletics separately on your own) and is recommended for Health Services.

Student's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Vision test: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

SYSTEM	NORMAL	DESCRIBE ABNORMALITY
Skin		
HEENT		
Lungs/Chest		
Cardiovascular		
Abdomen (rectal prn)		
Genito-urinary		
Pelvic (if indicated)		
Lymphatic		
Musculo-skeletal		
Neurological		
Endocrine		
Psychological		

\*If any blood tests are done, please include a copy of the results.

**CURRENT AND CHRONIC PROBLEMS:** If the student is under care for a chronic condition or serious illness, please provide additional clinical reports to assist us in providing continuity of care.

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**CURRENT MEDICATIONS** (include Vitamins, Over the Counter Medication, Contraceptives, Inhalers, and Epi-Pens):

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**ALLERGIES to Medications:** \_\_\_\_\_ **Type of Reaction:** \_\_\_\_\_

**Allergies to Other Things:** \_\_\_\_\_ **Type of Reaction:** \_\_\_\_\_

Has an Epi-pen been prescribed? \_\_\_\_\_

Recommendations for physical activity and/or sports participation:  unlimited  limited (specify)

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Health Care Provider (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Upload a signed copy of this form or a record of your latest physical exam to Brandeis Health Center Patient portal at [www.brandeis.medicatconnect.com](http://www.brandeis.medicatconnect.com)