KING'S COLLEGE
TRANSFORMATION. COMMUNITY. *HOLY CROSS.*

Student Health Center
André Hall
133 N. River Street
Wilkes-Barre, PA 18711
Phone 570-208-5852
Fax 570-208-8394

Physical Examination

This must be completed and signed by an MD / DO / PA-C / NP

(Please print in ink)

Name _____
Last First MI

Date of Examination _____ Age _____ Date of Birth _____ Sex _____

Blood Pressure _____ / _____ Pulse Rate _____ Height _____ Weight _____

Must be completed within one year of matriculation.

	Normal	Remarks		Normal	Remarks
HEENT	❑	_____	Genitourinary System	❑	_____
Heart	❑	_____	Endocrine System	❑	_____
Chest	❑	_____	Nervous System	❑	_____
Abdomen	❑	_____	Seasonal Allergies	❑	_____
Musculo-skeletal	❑	_____	Depression / Anxiety	❑	_____
Back / Spine	❑	_____	Other Psychological Disorders	❑	_____
Skin	❑	_____	Other	❑	_____
Neurological	❑	_____			

General Comments

Recommendations for physical activity (PE, Intramurals, ROTC, Athletics)

Unlimited _____ Limited _____ Explain _____

Do you have any recommendations regarding the care of this patient? _____

_____

Is this patient now under treatment for any medical or emotional conditions? _____

_____

Required for intercollegiate athletics/cheerleading: This student is cleared to participate in intercollegiate athletics/cheerleading.
❑ Yes ❑ No

Signature of Clinician _____ Date _____ MD / DO / PA-C / NP

Printed Name _____

Address _____

Phone Number _____ Fax Number _____