

PART IV: PHYSICAL EXAMINATION

This form MUST be completed, signed and dated by a PHYSICIAN for clearance in Health Services.

Patient's Name _____ DOB _____ Age _____

Height _____ Weight _____ TPR ____/____/____ BP ____/____

Are there abnormalities of the following system?	Yes	No
EARS, NOSE OR THROAT _____	_____	_____
EYES (Wear Glasses/Contacts) _____	_____	_____
RESPIRATORY _____	_____	_____
CARDIOVASCULAR _____	_____	_____
MUSCULOSKELETAL _____	_____	_____
GASTROINTESTINAL _____	_____	_____
NEUROPSYCHIATRIC _____	_____	_____
SKIN _____	_____	_____
TEETH _____	_____	_____
Is there loss or impaired function of any organ or limb? _____	_____	_____
Does patient take medication on a daily basis? _____	_____	_____
Any allergies to medications? _____	_____	_____
Any limitations for physical activity (PE, intramurals or Athletics)? _____	_____	_____

PART V: CERTIFICATE OF IMMUNIZATION: TO BE COMPLETE BY PHYSICIAN OR IMMUNIZATION CLINIC.

The North Carolina Law requires all students entering college to present to school authorities a certificate of immunization. Students who have not met these requirements cannot be enrolled in the college. (G.S. 130-A-152 North Carolina Immunization Law 1986).

Tetanus (required within 10 years) Date _____ MMR (Booster) Date _____

Tuberculin Skin test (required for admissions) Date _____ Results _____

Chest X-Ray if skin test is positive. Date _____ Results _____

Treatment _____

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

Are there any physical or emotional restrictions for this student? _____

Physician's Signature _____ Date _____

Print Name _____

Address _____

Telephone () _____

**Complete and mail to:
Barber-Scotia College
Student Health Services
145 Cabarrus Avenue, West
Concord, North Carolina 28025**