

**Physician Assistant Studies
Physical Examination Form**

7900 W. Division Street, River Forest, IL, 60171 | P: 708-524-6229 | Return to Wellness Center at *dom.edu/wellness*

Name: _____ Student ID: _____ Date of Birth: ____/____/____

This section to be completed by health care provider

Exam: Height _____ Weight _____ B/P _____ P _____ BMI _____

Statement as to student's physical and mental status, any restrictions:

✓ Check = Normal	Note Variances, Abnormal or Significant Findings
<input type="checkbox"/> Allergies: Please note any allergies in the next column (medicines, foods, substances)	
<input type="checkbox"/> General: Healthy in appearance, no acute distress	
<input type="checkbox"/> Skin: Warm, pink, dry, with no rash or lesions	
<input type="checkbox"/> Head: Normcephalic; Normal hair growth	
<input type="checkbox"/> Eye: Sclera white, PERRLA	
<input type="checkbox"/> Nose/Sinuses: Sinuses non-tender to palpation, nares	
<input type="checkbox"/> Ears: No pain when helix pulled. External canal normal. TM with light reflex and landmarks present without erythema, injection, bulging, fluid, retraction, perforation, or drainage. No hearing loss.	
<input type="checkbox"/> Pharynx: Good dental hygiene, NO tonsillar hypertrophy, No erythema, swelling, injection, exudate or lesions of palate/pharynx. Uvula midline	
<input type="checkbox"/> Neck: Supple with full ROM. No cervical adenopathy. No thyromegaly.	
<input type="checkbox"/> Respiratory: Respirations easy and non-labored. Aerates all lobes well. Lungs clear to auscultation and percussion. No pleural rub heard.	
<input type="checkbox"/> Cardiovascular: Regular S1, S2 without murmur, gallop or run. No peripheral edema	
<input type="checkbox"/> Abdomen: Soft, non-distended with active bowel sounds x4. No hepatosplenomegaly. No abdominal guarding, rigidity, tenderness or masses on palpation. No CVA tenderness	
<input type="checkbox"/> Musculoskeletal: Extremities with full ROM, no varicosities	
<input type="checkbox"/> Neurologic: Oriented x3. Cranial nerves II-XII intact	
<input type="checkbox"/> Breast Symmetrical, no masses/lumps, no dimpling, no palpable nodes, no nipple discharge, no retraction, no tenderness, BSE discussed.	
<input type="checkbox"/> Genitourinary: External genitalia and hair distribution WNL. inguinal nodes WNL, no urethral lesions or tenderness	

List all current medications: _____

Yes No Is this individual under care for a chronic or serious illness? If yes, attach letter of explanation/recommendations

Provider's Signature: _____ **MD, NP, PA, DO** **Date:** ____/____/____

Address: _____ **Telephone:** () _____

City/State/Zip _____ **Fax:** _____