

Physical Examination Form

Complete and forward to:
 Lynn University Health Center
 3601 North Military Trail, Boca Raton FL, 33431
 Tele: 561-237-7231 | Fax: 561-237-7116
 Email: HealthCenterForms@lynn.edu

A ONE TIME PHYSICAL EXAM IS REQUIRED WITHIN 12 MONTHS OF THE FIRST SEMESTER OF A STUDENT LIVING ON THE UNIVERSITY'S CAMPUS.

PHYSICAL EXAMINATION (TO BE COMPLETED BY PHYSICIAN/PA/ARNP)						DATE OF EXAM: _____
STUDENT NAME: _____					DATE OF BIRTH: ____/____/____	
					LYNN ID #: _____	
Height:	Weight:	Blood Pressure:	Temperature:	Pulse:	Respiration:	
Allergies or Sensitivities		Current Medications		Past Medical History		
Past surgeries: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and type of surgery: _____						
Past hospitalizations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and reason for hospitalization: _____						
SYSTEM REVIEW: <u>PLEASE INDICATE IF NORMAL.</u> OTHERWISE, DESCRIBE IF ABNORMAL						
Head			Back/Spine			
Neck			Abdomen			
Ears			Extremities			
Eyes			Lymph Nodes			
Nose			Other			
Heart			Lungs			
Emotional Status			Nutritional Status			
This student: <input type="checkbox"/> is <input type="checkbox"/> is not capable of participation in full academic programs.						
Restrictions (if any): _____						
Recommendations or special needs: _____						
Physician/PA/ARNP signature (mandatory): _____				Date Exam was completed: / /		
Physician's office contact phone and fax numbers: _____						
Office Stamp (mandatory): _____						