PHYSICAL FORM
Complete and forward to:
Lynn University Health Center
3601 Military Trail, Boca Raton FL 33431
Tel. (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)				LYNN ID # (REQUIRED):	
STUDENT NAME:_____				DATE OF BIRTH: _____/_____/_____	
Height:	Weight:	Blood Pressure:	Temperature:	Pulse:	Respiration:
_____ NKDA or List Allergies &/or Sensitivities		_____ NONE or List Current Medications		Past Medical History	

Past surgeries: ____Yes ____ No If yes, list dates and type of surgery: _____

Past hospitalizations: ____ Yes ____No If yes, list dates and reason for hospitalization: _____

SYSTEM REVIEW: PLEASE INDICATE IF NORMAL. OTHERWISE, DESCRIBE IF ABNORMAL

Head	Back/Spine
Neck	Abdomen
Ears	Extremities
Eyes	Lymph Nodes
Nose	Other
Heart	Lungs
Emotional Status	Nutritional Status

Any history of concussion? ____ NO ____ YES If yes, list dates:

This student: _____ is _____ is not capable of participation in full academic programs and sports.

Restrictions (if any):

Recommendations or special needs:

Physician/PA/ARNP signature (mandatory): Exam Date: / /

Physician's office contact phone and fax numbers:

OFFICE STAMP (MANDATORY)