



PHYSICAL 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)				LYNN ID #: _____	
STUDENT NAME: _____			DATE OF BIRTH: ____/____/____		
Height:	Weight:	Blood Pressure:	Temperature:	Pulse:	Respiration:
Allergies or Sensitivities		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			
This student: ____ is ____ is not capable of participation in full academic programs.					
Restrictions (if any): _____					
Recommendations or special needs:					
Physician/PA/ARNP signature (mandatory): _____			Exam Date: ____ / ____ / ____		
Physician's office contact phone and fax numbers: _____					
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;">OFFICE STAMP (MANDATORY)</div>					