



PHYSICAL EXAM FORM

Complete and forward to:
Lynn University Student Health
3601 North Military Trail, Boca Raton FL, 33431
Tel: 561-237-7231 Fax: 561-237-7705
Email: StudentHealth@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? ____ Yes ____ No 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)