

LA SIERRA UNIVERSITY

HEALTH SERVICES | STUDENT HEALTH RECORD

PATIENT'S NAME: _____
Last
First
Middle

PHYSICAL EXAMINATION

	Normal	Abnormal	Not Examined
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth and Throat			
Neck			
Chest			
Breasts			
Lungs			
Heart			
Abdomen			
Back			
Extremities			
Neurological			
Anus (Optional)			
Genitalia (Optional)			

PRE-PHYSICAL

Height: _____ Weight: _____
 B.P.: _____ T: _____ P: _____
 Vision: R _____ L _____
 (Corrected) R _____ L _____

LABORATORY TESTS

Hemoglobin: _____
 Urinalysis: Glucose _____
 Protein _____
 pH _____

TUBERCULIN SKIN TEST (Mantoux)

Date Given: _____
 Date Read: _____
 Result: _____ mm in duration

CHEST X-RAY (if PPD positive)

Date: _____
 Result: _____

COMMENTS AND RECOMMENDATIONS:

Date of Examination: _____

Signature: _____
(Physician)

PRINT NAME: _____ Telephone: _____

Address: _____
(Physician)

Address: _____
Street
City
State
Zip Code