

# PHYSICAL EXAMINATION

**A physical is STRONGLY recommended within the past 6 months**

Student name: \_\_\_\_\_

Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

BP: \_\_\_\_\_

Pulse: \_\_\_\_\_

System	Normal	Describe Abnormality
Skin		
HEENT		
Lungs / Chest		
Breasts		
Heart / Vascular System		
Abdomen (rectal if indicated)		
Genito-urinary		
Pelvic (if indicated)		
Lymphatic		
Musculoskeletal		
Neurological		
Endocrine		
Psychological		
Recommended Labs: Hgb / Hct: _____ Cholesterol: _____ (via urine) Glucose: _____ Protein: _____ Micro: _____		

**CURRENT AND CHRONIC PROBLEMS**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

**IF THE STUDENT IS UNDER CARE FOR A CHRONIC CONDITION OR SERIOUS ILLNESS, PLEASE CALL OUR OFFICE TO MAKE AN APPOINTMENT TO DISCUSS HOW WE CAN BEST PROVIDE CONTINUITY OF CARE. PLEASE ALSO ATTACH ADDITION CLINICAL REPORTS, IF INDICATED.**

**SPECIAL DIETARY REQUIREMENTS:** \_\_\_\_\_

**CURRENT MEDICATION(S):** \_\_\_\_\_

**MEDICATION ALLERGIES:** \_\_\_\_\_

**REACTION:** \_\_\_\_\_

**OTHER ALLERGIES:** \_\_\_\_\_

**REACTION:** \_\_\_\_\_

**FOR VARSITY ATHLETES ONLY:** NCAA requires an **ADDITIONAL HEALTH FORM** which can be downloaded from: <http://bentleyfalcons.com/information/athletictraining> to be sent to the Department of Sports Medicine at:  
 Dana Center  
 175 Forest St.  
 Waltham, MA 02452

**FOR STUDENTS WITH DISABILITIES (PHYSICAL, PSYCHOLOGICAL, OR LEARNING):** Please notify the Office of Disability Services at (781) 891-2274 any mental health needs, please contact Counseling and Student Development at (781) 891-2274

Mail completed form to

Bentley University  
 Health and Wellness  
 175 Forest St.  
 Waltham, MA 02452  
 T: (781) 891-2222  
 F: (781) 891-3443

**HEALTHCARE PROVIDER**

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_