



Student Health Record Physician - FORM B

FORM B- PHYSICAL EXAM

Name _____ Gender: M F DOB _____
 Blood Pressure _____ Pulse _____ Weight _____ Height _____
 Visual Activity: OD OS Corrective Lenses? Y N *Epi Pen needed at college? Yes No*

(Mandatory for all resident students) HGB: _____ HCT: _____ Urinalysis: _____
Fax results to Quibin Student Health Services (603) 897-8806

Body systems:	NL	ABN (describe)	Comments:
Skin			
HEENT (include thyroid)			
Lungs			
Cardiovascular			
Abdomen			
Genitalia (include hernias)			
Neurological			
Mental Status			

Musculoskeletal:	NL	ABN (describe)	Comments:
Neck and Shoulder			
Elbow/Hand/Wrist			
Back			
Knees			
Ankles			
Feet			
Flexibility			
Other			

MANDATORY FOR ALL ATHLETES:

Has student been tested for sickle cell trait? YES NO Results: NEGATIVE POSITIVE

Marfan's syndrome attributes:

	Present	Absent	Other Comments:
Arm span > standing height			
Severe kyphoscoliosis			
Concave chest deformity			
Positive thumb and/or wrist sign			
High arched palate/hyper - extensible joints/pes planus			
Genitalia (include hernias)			
Inguinal hernias			
Nearsightedness			
Murmurs of aortic or mitral regurgitation and non-ejection clicks			

Recommendations for this student:

_____ full sports participation _____ *limited sports participation _____ *no sports participation

Comments*

Signature of health care provider

Print Full Name _____ MD/NP Date _____

Address _____ office phone: (____) - _____

Please fax this form by Aug. 15 (fall students) to: (603) 897-8806

Return this form by August 15 to:

Quibin Student Health Services,
 Guild Hall, Rivier University, 420 South Main St., Nashua, NH 03060-5086. *Fax: (603) 897-8806.*