LANCASTER BIBLE COLLEGE

PHYSICAL EXAMINATION FORM

To be filled out by Health Care Provider

All full-time, undergraduate students must have a physical exam within twelve months prior to acceptance as a student.

PERSONAL DATA

Name: Last First Middle **Birthdate:**

Height: **Weight:** **Handed:** Right ☐ Left ☐ **BP:** | **Pulse:**

Vision: Left Eye: Right Eye: Both Eyes: Glasses or Contacts:

Are there any abnormalities in the following systems?

	Yes	No		Yes	No		Yes	No
1. Head	☐	☐	10. Psychiatric (incl. eating disorders)	☐	☐	Musculoskeletal (continued)		
2. Eyes, Ears, Nose or Throat	☐	☐	11. Skin	☐	☐	g. Hip	☐	☐
3. Respiratory	☐	☐	12. Musculoskeletal			h. Thigh	☐	☐
4. Cardiovascular	☐	☐	a. Neck	☐	☐	i. Knee	☐	☐
5. Gastrointestinal	☐	☐	b. Shoulder	☐	☐	j. Ankle	☐	☐
6. Hernia	☐	☐	c. Elbow	☐	☐	k. Foot	☐	☐
7. Genitourinary	☐	☐	d. Wrist	☐	☐	l. Scoliosis	☐	☐
8. Metabolic/Endocrine	☐	☐	e. Hand	☐	☐			
9. Nervous System	☐	☐	f. Back	☐	☐			

Describe any abnormalities:

Does this student have any allergies? **Yes or No**

Food: **Medication:** **Environmental:**

Does this student require a specific diet? Yes or No

Please list any medications (prescription & OTC including herbal & dietary supplements) and doses this student is taking:

List hospitalizations & surgeries (providing details, including dates, diagnosis, and complications):

List any injuries (including motor vehicle accidents):

continue on back

PHYSICAL EXAMINATION FORM continued

IMMUNIZATIONS AND TESTS Complete the form below, or attach a copy of student's immunization record.

VACCINE	DOSES (Enter month, day, and year each immunization was given)			BOOSTERS & DATES	
Diptheria and Tetanus (Circle): DTaP, DTP, DT, TD	1	2	3	4	5
Polio (Circle): OPV, IPV	1	2	3	4	5
Measles, Mumps, Rubella	1	2			
Hepatitis B	1		2		3
HIB	1		2		3
Varicella disease or vaccine	1		2		3
Meningitis**	1		2		3
Other _____					

****All college students who live on campus in PA must submit proof that they have had the meningitis vaccine or sign a waiver if they choose not to have it.**

CLEARANCE FOR SPORTS PARTICIPATION (A **copy** of this form may be submitted to Athletics to be used as a sports physical.)

_____ Cleared

_____ Cleared after completing the evaluation/rehabilitation for: _____

_____ Not cleared

Any student who wishes to participate in an NCAA sport LBC offers must have the physical exam filled out by a Health Care Provider dated *after* July 1 (of the year they are entering).

Signature of Examiner: Date

Print Name: Are you the regular provider?

Address: Street City State Zip

Phone:

Please submit to:

Health & Wellness Center

Lancaster Bible College
901 Eden Road
Lancaster, PA 17601-5036

OR

Fax: 717.560.8204

Email questions to: nurse@lbc.edu

Health and Wellness Center
LANCASTER BIBLE COLLEGE