

COLLEGE OF LAKE COUNTY

PHYSICAL EXAMINATION - Must be completed by a licensed health care provider

PATIENT NAME _____ **DOB** _____

HEIGHT _____ **WEIGHT** _____ **BP** _____ **PULSE** _____ **BMI** _____

(Optional Items): UA _____ HGB _____ HCT _____
Protein Sugar

Date of last Tetanus vaccination _____ Td or Tdap _____ Lot # _____

PPD (1) _____ mm
Date Given Manufacturer Lot # Exp. Date Site Date Read Results

PPD (2) _____ mm
Date Given Manufacturer Lot # Exp. Date Site Date Read Results

T-Spot Quantaferon Gold _____
Date Results

PHYSICAL ASSESSMENT

	Within Normal Limits	Abnormal	Explanation of Abnormalities
General survey			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth			
Neck			
Spine and back			
Thorax & Lungs			
Breasts			
Heart			
Abdomen			
Extremities			
Musculoskeletal			
Neurological			

RECOMMENDATIONS/COMMENTS _____

Please check one of the following:

Health Career Program _____ (Program) **Athletics** **Other:** _____

- Student MAY participate in the above program without limitations.
- Student may participate in health career or physical education programs with the following limitations: _____
- Student should NOT participate in any physical education program.

Signature of health care provider

Date

 Street Address

 City

 State

 Zip Code

 Telephone