



Physical Examination Form

This form is required if you are living on campus or a varsity student-athlete.

Physical exam must be performed **within 6 months of the due date listed:**

Due **August 1** for students entering fall semester. Due **January 1** for students entering spring semester.

THIS SECTION IS TO BE COMPLETED BY THE STUDENT PRIOR TO SEEING THE PRIMARY CARE PROVIDER.

Last Name: _____ First Name: _____ Middle Initial: _____

VACCINE DECLINATION STATEMENT (if applicable)

I understand that due to my living on campus at Marian University I may be at risk of acquiring an infection from being unvaccinated. I have been given the opportunity to be vaccinated at my own expense. However, I decline the vaccinations and I am at risk of acquiring the disease. If I should acquire a disease I would be furloughed from school at my own expense.

Vaccines which I am declining: MMR TDAP/TD HPV Meningococcal Conjugate Varicella Hep A Hep B

Reason for exemption: _____

Student Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE PRIMARY CARE PROVIDER.

PHYSICIAN REMINDERS

- Consider reviewing questions on **Medical History Form** regarding cardiovascular systems (questions 5-14).
- Consider additional questions on more sensitive issues:
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?

EXAMINATION

Height: _____ Weight: _____ Sex: M F BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Yes No

MEDICAL

Appearance — Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

Eyes/Ears/Nose/Throat — Pupils equal, Hearing

Lymph nodes

Heart* — Murmurs (auscultation standing, supine, +/- Valsalva), Location of point maximal impulse (PMI)

Pulses — Simultaneous femoral and radial pulses

Lungs

Abdomen

Genitourinary (males only)**

Skin — HSV, lesions suggestive of MRSA, tinea corporis

Neurologic***

MUSCULOSKELETAL

Neck

Back

Shoulder/Arm

Elbow/Forearm

Wrist/Hand/Fingers

Hip/Thigh

Knee

Leg/Ankle

Foot/Toes

Functional — Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

**Consider GU exam if in private setting. Having third party present is recommended.

***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Date Examined: _____

Address: _____

PRINT Physician Name: _____

Physician Signature: _____

Phone: _____

RETURN COMPLETED FORM TO:

Marian University | 45 South National Avenue | Fond du Lac, WI 54935
Student Health Services p: 920.923.7615 f: 920.926.2103