

Student Health Service

Physical Examination Form 2021–2022

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER (not by a parent).

Name _____ DOB _____ Date of Exam _____

Height _____ Weight _____ BMI _____ BP _____

System	Normal	Significant Findings
Skin	<input type="radio"/> Yes <input type="radio"/> No	
HEENT	<input type="radio"/> Yes <input type="radio"/> No	
Respiratory	<input type="radio"/> Yes <input type="radio"/> No	
Cardiovascular	<input type="radio"/> Yes <input type="radio"/> No	
Breasts	<input type="radio"/> Yes <input type="radio"/> No	
Abdomen	<input type="radio"/> Yes <input type="radio"/> No	
Genitourinary	<input type="radio"/> Yes <input type="radio"/> No	
Pelvic (if indicated)	<input type="radio"/> Yes <input type="radio"/> No	
Lymphatic	<input type="radio"/> Yes <input type="radio"/> No	
Musculoskeletal	<input type="radio"/> Yes <input type="radio"/> No	
Neurological	<input type="radio"/> Yes <input type="radio"/> No	
Endocrine	<input type="radio"/> Yes <input type="radio"/> No	
Psychological	<input type="radio"/> Yes <input type="radio"/> No	
Cleared To Play Varsity Athletics:	<input type="radio"/> Yes <input type="radio"/> No	

Problem List	
1.	4.
2.	5.
3.	6.

Current Medications (List All) _____

Allergies to Medications _____ Type of Reaction _____

Other Allergies _____ Type of Reaction _____

Special Dietary Requirements _____

Physician/Nurse Signature (REQUIRED, Not Parent) _____ Provider Name (Please Print) _____ Date _____

Physician/Nurse Office Phone Number _____ Fax _____

IMPORTANT CAMPUS RESOURCES

For mental health support:
Counseling Center
617.349.8545

For physical, sensory, and psychiatric disabilities:
Daniel Newman
Director of Access Services
for Students with Disabilities
617.349.8572 ♦ dnweman@lesley.edu

For learning disabilities, attention disorders,
and ASD:
Kimberly J. Johnson
Director of LD/LDD Academic Support Program
617.349.8462 ♦ kjohnso7@lesley.edu