California State University, Monterey Bay
Department of Nursing

Physical Exam Form

Only to be completed by an M.D., D.O., N.P. or P.A.

Last Name: First: MI:	DOB: SID:
Email:	Phone # ( )

EXAMINATION

Height	Weight	□Male	□Female
BP / (/)	Pulse	Vision R20/	L/20
		Corrected	□Y □N

MEDICAL	NORMAL	ABNORMAL FINDINGS
APPEARANCE		
EYES/EARS/NOSE/THROAT o PUPILS EQUAL o HEARING		
LYMPH NODES		
HEART o MURMORS (AUSCULATION STANDING, SUPINE, +/- VALSALVA) o LOCATION OF POINT OF MAXIMAL IMPULSE (PMI)		
PULSES o SIMULTANEOUS FEMORAL AND RADIAL PULSES		
LUNGS		
ABDOMEN		
GENITOURINARY (MALES ONLY)		
SKIN o HSV, LESIONS, SUGGESTIVE OF MRSA, TINEA CORPORIS		
NEUROLOGIC		
MUSCULOSKELETAL		
NECK		
BACK		
SHOULDERS/ARMS/HANDS/FINGERS		
HIP/THIGH		
KNEE/LEG/ANKLE/FEET		

I have examined the above named student. Based on the health history provided by the student and this physical exam:

- □ **The student is in good mental and physical condition, and is cleared to work in a health related field.**
- □ **Cleared for participation with/without (please circle one) restriction with recommendations for further evaluation or treatment for:** _____
  _____
  _____

Signature of Health Care Provider: _____ Date: _____

Physician's Address: _____ Phone: _____

Office Stamp: