



Medical History and Physical Examination Form

Name: (PRINT -- Last, First, Middle) FIU Panther I.D. #

Sex: Male Female Date of Birth (Month) / (Day) / (Year) Age: Email:

Cell Phone: Home Phone:

Local Address: Street Apartment City State Zip

Emergency Contact: Relationship to you:

Phone: Address:

ALLERGIES:

No known allergies Penicillin Aspirin Sulfa Codeine Other drugs: Food:

PERSONAL HISTORY:

Chronic medical conditions and diagnoses:

HEIGHT: WEIGHT: B/P: T: P:

VISUAL ACUITY (best corrected): (R) 20/ (L) 20/

PHYSICAL EXAMINATION: Date of exam: / /

Table with 6 columns: Normal, YES, NO*, Normal, YES, NO*. Rows include Appearance, skin; Eyes; Ears, nose, throat, neck; Lungs; Heart, pulses; Abdomen, pelvis; Neurological; Ortho, spine, extremities; Mental Health; Other.

* Abnormal Findings:

PHYSICIAN ATTESTATION STATEMENT (must be completed and signed): Based on medical history and my physical examination, this student is cleared to participate in all aspects of a medical school education.

Yes No Yes, pending

Physician's Signature:

OFFICE STAMP:

Printed Name of Physician: Date:

Office Phone:

Office Address: