



TO THE EXAMINING PROVIDER: Please review the student's history and complete this form. Please comment on all affirmative answers. **THIS STUDENT HAS BEEN ACCEPTED.** The information supplied will not affect his/her status. It will be used only as a background for providing health care. This information will not be released without student consent.

PHYSICAL EXAMINATION

M F

Student Last Name (Print) First Name Middle

Physical Exam:

	Normal	Abnormal	If Abnormal, please explain
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary (inc. hernia)			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			

Do you have any recommendations regarding the care of this student? Yes No
 If yes, describe briefly: _____

All accepted students have signed a form indicating that they meet all VCOM Technical Standards for Admission and Successful Completion of the Osteopathic Program at VCOM. <https://www.vcom.edu/handbooks/catalog/index.html>

On the basis of your history and physical exam do you feel this student is medically able to participate in all educational, physical and patient care activities as a medical student at the Edward Via College of Osteopathic Medicine? Yes No*

*If the answer to the above question is no, please identify any restrictions or physical accommodations that will be required for this student: _____

Signature _____ DO / MD/ NP/ PA
 Address _____ Office Phone Number _____
 Print Last Name _____ Date _____