

Last Name	First Name	Date of Birth ____/____/____ Month Day Year	
E-mail	Student Cell Phone	Sex assigned at birth: _____ Gender _____ Identity: _____	
Home Address (include city and state)		Parent/Guardian Home Phone	Parent/Guardian Work Phone
Emergency Contact Name	Relationship	Emergency Contact Phone	
Department or School (e.g., MD, PA, NP, etc.)			

### Physical Examination | To be completed and signed by your healthcare provider

Height	Weight		Blood Pressure	Pulse
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Allergies to medications? Yes No *(If yes, please list)*

Severe food allergy? Yes No *(If yes, please list)*

If this patient receives allergy immunotherapy please complete the Student Allergy Medical Treatment Plan form.

Current or past medical, surgical, or psychiatric condition(s). *Please list and include relevant medical information:*

Prescription medication(s) *Please list and include dosage:*

Vitamins, supplements and over-the-counter medications taken regularly *Please list:*

FOR OFFICE  
USE ONLY

This is a pre-entrance requirement and cannot be completed at Yale Health.

## Health Form and Physical Exam

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth:</b> ____/____/____ Month Day Year
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Clinical Evaluation	Normal	
	Yes	No: Details
Skin		
Head, ears, eyes, nose, throat, hearing and visual acuity		
Mouth, teeth and gums		
Neck and thyroid		
Lungs/Chest		
Breasts		
Heart (supine and upright)		
Abdomen		
Genitalia		
Back/Spine		
Extremities/Musculoskeletal/Femoral Pulses		
Neurologic		
Emotional/Psychological		
Other findings		

I have reviewed the medical history and examined the student noted above; the information is accurate and complete to the best of my knowledge. The student is cleared medically and psychologically to participate in the demands of college life.

☐ Yes/Unlimited activity and fit for college

☐ No/Limited activity

Reason:

Recommendations:

<b>Signature of Healthcare Provider</b> <i>(Parent or guardian cannot sign as the healthcare provider)</i>	<b>Date</b>	<b>Phone</b>
<b>Print Name of Healthcare Provider</b>	<b>Address (include city and state)</b>	<b>Fax</b>

Rev. 4/6/23