PHYSICAL EXAM

Goucher College Student Health Services

To be completed by a physician, physician's assistant, or nurse practitioner no more than twelve months prior to admission.

410-337-6050 (phone) • www.goucher.edu/health Upload to • https://goucher.medicatconnect.com

t Name	First Name		Middle Ini	tial			
:hdate (MM/DD/YYY	Y):						
He	art Rate		_Height (in.)	Veight (lbs.)			M F INTERSEX Biological sex (circle)
mination Finding	S (Describe	fully. Use	additional sheets if necessary.)				
General Appearan	NL ce 🛚	ABN	Findings (describe)	Neck	NL	ABN	Findings (describe)
Skin	_			Chest	_	_	-
Head				- Ilaant			
Eyes				Abdomen		_	
Nose/sinus				Extremities		_	
Mouth				Neuro		_	
		-	(PE, intramural)	☐ Unlimited ☐			
Is the patient no Explain	ow under trea	atmentfora	any medical or emotional conditio	n? □ Yes □	No		
<u> </u>							
Provider's Signature and Title Phone in							number
Print last name						Date	
						Date	
Address			City			State	ZIP