

Physical examination is to be completed by your Health Care Provider and is required within a year prior to arrival at Hamilton College.

Last Name _____ First Name _____ Sex at Birth _____ DOB _____
 MM DD YYYY

Please review the student's history prior to completing the form below. Students are not eligible to participate in any Hamilton College sports programs, intercollegiate, intramural and club, until this form has been completed and submitted.

Students taking Medication for ADD/ADHD will not be able to obtain prescriptions for refills from the The Johnson Center for Health and Wellness. Please make arrangements for refill prescriptions with your patient.

Height: _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

Any allergies to medication(s) / food(s)? Please list: _____

| System: | Normal / Abnormal. | Explain any abnormal findings: | System: | Normal / Abnormal | Explain any abnormal findings: |
|--------------|---|--------------------------------|--------------------|---|--------------------------------|
| Skin | <input type="checkbox"/> <input type="checkbox"/> | | Breasts | <input type="checkbox"/> <input type="checkbox"/> | |
| HEENT | <input type="checkbox"/> <input type="checkbox"/> | | Abdomen | <input type="checkbox"/> <input type="checkbox"/> | |
| Neck/Thyroid | <input type="checkbox"/> <input type="checkbox"/> | | Neurologic | <input type="checkbox"/> <input type="checkbox"/> | |
| Lymph Nodes | <input type="checkbox"/> <input type="checkbox"/> | | Extremities/Joints | <input type="checkbox"/> <input type="checkbox"/> | |
| Cardiac | <input type="checkbox"/> <input type="checkbox"/> | | Back | <input type="checkbox"/> <input type="checkbox"/> | |
| Lungs/Chest | <input type="checkbox"/> <input type="checkbox"/> | | Genitourinary | <input type="checkbox"/> <input type="checkbox"/> | |

Tuberculosis Risk Assessment:

If a student is high risk for exposure, documentation of a Tuberculin Skin Test (Mantoux) is required within 6 months prior to arrival at Hamilton College. High risk is defined as prior contact with a person with TB; being born, having lived, or traveled in (within 5 years) a high risk region (see list on following page); having lived or worked in a nursing home, prison, mental institution, homeless or HIV setting, or history of injection drug use, HIV infection, diabetes, chronic renal failure, immunosuppression. HX of previous BCG vaccination does not preclude Mantoux testing if indicated. Chest xray required if history of current or previous positive Mantoux, or immunosuppressed.

Please see immunization page to record Mantoux, IGRA, and/or chest xray documentation.

History of positive Mantoux? No Yes TB Risk Assessment: Low Risk High Risk

Currently on any long term medications? ___No___ Yes/What? _____

Has physical activity been restricted in the past 2 years? _____ No _____ Yes/Explain: _____

Recommendations for physical activity (PE, Intramurals, Club and Collegiate): _____ Unlimited _____ Limited, Explain: _____

Has student ever been treated for mental health or behavioral concerns? ___No___ Yes/Explain: _____

Health Care Provider Name (Please Print) _____

_____ Date of Exam: MM DD YYYY

Health Care Provider Signature: _____

Address _____
 or

Phone: _____

Office _____

Stamp _____

Fax: _____
