

# VIRGINIA MILITARY INSTITUTE PHYSICAL EXAMINATION FORM

THIS PAGE TO BE COMPLETED BY THE HEALTH CARE PROVIDER

**ALL ITEMS BELOW ARE REQUIRED**

**APPLICANT'S FULL NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

## **DISTANCE VISION:**

If applicant **does not wear** glasses or contacts,  
please complete:

Uncorrected vision

Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_

If applicant **wears** glasses or contacts,  
please complete:

Corrected vision

Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_

## **CLINICAL EVALUATION (All items must be checked)**

**Date of exam** \_\_\_\_\_

Normal	Abnormal		Normal	Abnormal	
		HEENT (Head, eyes, ears, nose, throat)			Abdomen
		Teeth and jaw			Skin
		Neck and thyroid			Spine, other musculoskeletal
		Ears (can hear whisper)			Upper extremities
		Eyes			Lower extremities
		Lungs and chest			Feet
		Heart- (lying and standing/valsava)			Neurological
		Vascular System - (Femoral pulses equal B/L)	<b>NO</b>	<b>YES</b>	*Any stigmata of Marfan syndrome? Please circle yes or no

\* (i.e. arm span > height, thumb sign, wrist sign, kyphoscoliosis, pectus excavatum or carinatum, etc.)

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Remarks: (Describe every abnormality in detail.) \_\_\_\_\_

Are you aware of any psychological concerns now or in the past? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, describe in detail,

Use additional sheet if necessary.) \_\_\_\_\_

The applicant may participate in VMI's required boxing course? YES \_\_\_\_\_ NO \_\_\_\_\_

The applicant is cleared for full participation in NCAA Athletics and required PE courses. YES \_\_\_\_\_ NO \_\_\_\_\_

This applicant is cleared for participation in ROTC, a program not more physically strenuous than a normal college PE program. YES \_\_\_\_\_ NO \_\_\_\_\_

How long has your practice known the applicant? \_\_\_\_\_

**Please see that ALL ITEMS ARE COMPLETED before returning this form.**

Printed name \_\_\_\_\_ Telephone \_\_\_\_\_

Office address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ MD/DO/NP/PA

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

**ALL ITEMS ABOVE ARE REQUIRED**