

VIRGINIA MILITARY INSTITUTE PHYSICAL EXAMINATION FORM

THIS PAGE TO BE COMPLETED BY THE HEALTH CARE PROVIDER
ALL ITEMS BELOW ARE REQUIRED

APPLICANT'S NAME: _____ **Date of Birth:** _____

Today's Date: _____ **Date of Exam:** _____

Vitals: Blood Pressure: _____ **Pulse** _____

Vision: R: 20/ _____ **L: 20/** _____ **Corrected? Yes or No** (Please circle yes or no)

	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/valsalva)			Neurological
			Vascular System - (Femoral pulses equal B/L)	NO <input type="checkbox"/>	YES <input type="checkbox"/>	*Any stigmata of Marfan syndrome?

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

1. Remarks: (Describe every abnormality in detail) _____

2. Are you aware of any psychological concerns now or in the past? YES _____ NO _____ (If yes, describe in detail, use additional sheet if necessary.) _____

3. The applicant may participate in VMI's required boxing course? YES _____ NO _____
4. The applicant is cleared for full participation in NCAA Athletics and required PE courses. YES _____ NO _____
5. This applicant is cleared for participation in ROTC, a program not more physically strenuous than a normal college PE program. YES _____ NO _____
6. 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