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:** _____ **must be within last 6 months**

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 ☐	YES ☐	*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. **Blood Pressure:** _____/_____

3. **Pulse:** _____

4. **Distance Vision (using Snellen chart): R: 20/_____ L: 20/_____ Corrected? Yes or No (Please circle yes or no)**

5. **Are you aware of any psychological concerns now or in the past? YES _____ NO_____ (If yes, describe in detail, use additional sheet If necessary.)** _____

   _____

6. **The applicant may participate in VMI's required boxing course? YES_____NO_____**

7. **The applicant is cleared for full participation in NCAA Athletics and required PE courses. YES_____NO_____**

8. **This applicant is cleared for participation in ROTC, a program not more physically strenuous than a normal college PE program. YES _____NO _____**

9. **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