

## PHYSICAL EXAMINATION

**DIVISION OF STUDENT AFFAIRS** 

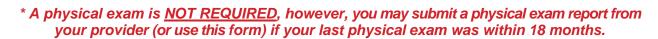
## **UPLOAD THIS FORM IN THE PATIENT PORTAL BY VISITING: HEALTH.URI.EDU**



DR. PAULINE B. WOOD HEALTH SERVICES

6 Butterfield Road, Potter Building, Kingston, RI 02881 USA p: 401.874.2246

f: 401.874.2586 http://health.uri.edu



STUDENT NAME: (Please print) Last Name			First	Name		DATE OF BIRTH:			
Weight:	Heig	ght:	BP:		Puls	se:	_ Respiration:		
PHYSICAL EXA		ORMAL	ABNO		_				
IDENTIFY ABNO	PRMALS:								
	iagnoses, recommo								
Please note any	health problem, ch	ronic health condit	ion or disabilit	y that may affect	behavior	or health of the stud	ent while at college.		
	(Please list ALL a	llergies to medicati	ions, foods an	d other miscellar	neous item	າຣ)			
MEDICATION ALLERGIES:									
FOOD ALLERGIES:									
OTHER ALLERGIES:									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BEES	LATEX		NUTS		SEASONAL / POLLEN			
MEDICATIONS (Include prescriptions, over-the-coulons)				<i>rbal)</i> REQUENCY		RELATED DIAGNOSIS			
PROVIDER SIGNATURE:					DATE OF EXAMINATION:				
PROVIDER NAME:				PHON	NE:		FAX:		
ADDRESS:									