

PHYSICAL EXAMINATION

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

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**\* A physical exam is NOT REQUIRED; however, you may submit a physical exam report from your provider (or use this form) if your last physical exam was within 18 months.**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Please print) Last Name First Name MI

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

PHYSICAL EXAM:  NORMAL  ABNORMAL

IDENTIFY ABNORMALS:

**IMPRESSION** (diagnoses, recommendations, restrictions).

Please note any health problems, chronic health condition or disability that may affect behavior or health of the student while at college.

<b>ALLERGIES</b> (Please list ALL allergies to medications, foods and other miscellaneous items)	
MEDICATION ALLERGIES:	_____
	_____
	_____
FOOD ALLERGIES:	_____
	_____
	_____
OTHER ALLERGIES:	<input type="checkbox"/> BEES <input type="checkbox"/> LATEX <input type="checkbox"/> NUTS <input type="checkbox"/> SEASONAL / POLLEN

<b>MEDICATIONS</b> (Include prescriptions, over the counter, and herbal)			
NAME	DOSE	FREQUENCY	RELATED DIAGNOSIS

PROVIDER SIGNATURE: \_\_\_\_\_ DATE OF EXAMINATION: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_