THE UNIVERSITY OF RHODE ISLAND

DIVISION OF STUDENT AFFAIRS

PHYSICAL EXAMINATION

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

**** 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 problem, chronic health condition or disability that may affect behavior or health of the student while at college.

ALLERGIES *(Please list **ALL** allergies to medications, foods and other miscellaneous items)*	
MEDICATION ALLERGIES:	
FOOD ALLERGIES:	
OTHER ALLERGIES:	
	☐ **BEES** ☐ **LATEX** ☐ **NUTS** ☐ **SEASONAL / POLLEN**

MEDICATIONS *(Include prescriptions, over-the-counter, and herbal)*

NAME	DOSE	FREQUENCY	RELATED DIAGNOSIS

PROVIDER SIGNATURE: ______________________________ **DATE OF EXAMINATION:** ______________

PROVIDER NAME: ______________________ **PHONE:** ______________ **FAX:** ______________

ADDRESS: ____