Oglala Lakota College-Nursing Department
Physical Examination

Name_____ Sex_____ Date_____

Birthdate_____

Height _____Weight_____ Blood Pressure _____

Pulse _____ Respirations _____-

Vision _____Without glasses – Left _____ Right_____

With glasses –Left _____ Right_____

Date of visual exam_____

Hearing Acuity _____Left _____Right

Allergies_____

Current Medications_____

Lab Urinalysis_____ CBC_____ TSH _____

Latest Tetanus Immunization_____

| | Normal | Abnormal |
|---|---|---|
| 1. General appearance | _____ | _____ |
| 2. Head | _____ | _____ |
| 3. Eyes | _____ | _____ |
| 4. ENT | _____ | _____ |
| 5. Neck | _____ | _____ |
| 6. Chest | _____ | _____ |
| 7. Cardiovascular | _____ | _____ |
| 8. Abdomen | _____ | _____ |
| 9. Urinary | _____ | _____ |
| 10. Skin | _____ | _____ |
| 11. Lymphatics | _____ | _____ |
| 12. Central Nervous System | _____ | _____ |
| 13. Orthopedics-back | _____ | _____ |

Comments: _____
_____
Is the student now under treatment for any medical or psychological conditions?
Yes_____ No_____.

Any medications recommended? Yes_____ No_____

If yes, what? _____
_____

Any recommendations? _____
_____
_____

Date examined_____ Physician's signature_____

Physician's Name & Address (Please print)

_____

_____

_____

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