OFFICE OF THE UNDERGRADUATE STUDIES PROGRAM
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EMAIL: UMSN-UNDERGRADCOMPLIANCE@MED.UMICH.EDU

PHYSICAL EXAMINATION FORM 2017-2018 Academic Year

TO BE FILLED OUT BY THE STUDENT

First Name	Last Name	UM ID	
Uniqname	Phone Number	DOB	Sex
Address	City	State	Zip

TO BE FILLED OUT BY THE HEALTHCARE PROVIDER

Temperature	Pulse	Respiratory Rate	Blood Pressure

EXAMINATION	NORMAL	ABNORMAL	COMMENTS
Head, Neck, and Thyroid			
Nose and Sinuses			
Mouth, Throat, Teeth, and Gums			
Eyes			
Ears			
Skin			
Chest and Lungs			
Heart and Vascular System			
Gastrointestinal System and Abdomen			
Musculoskeletal System and Extremities			
Neurological			
Mental Health			

I have given the student a complete physical examination. I feel that he/she is physically and mentally capable of participating without hazard in clinical practice settings for the University of Michigan School of Nursing.

____
Healthcare Provider's Name and Title (Please Print)

____
Healthcare Center/Facility

____
Healthcare Provider's Signature

____
Address, City, State, Zip

____
Date

____
Phone Number