

**Nicholls State University  
University Health Services**

Student University Employment & Academic Program Physical

**Patient's Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

Height:	Weight:	Pulse:	Vision: Right 20/ _____ Left 20/ _____ Corrected Right 20/ _____ Left 20/ _____
Resp:	Temp:	BP: / _____	
Allergies:			
Comments:			
Head:		Fractures: Deformities: Missing Extremities:	
Ears:			
Nose:			
Mouth: Teeth: _____ Gums: _____ Tonsils: _____			
Heart:			
Lungs:		Arthritis:	
Abdomen:		Nervous System:	
Hernia:		Reflexes:	
Right: _____ Left: _____		Posture:	
Communicable Disease: <i>(skin or other)</i>			
Spine:		Lab:	
Motion:			
Feet:			
Physician's Comments:		X-Ray:	

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