



Nicholls State University  
University Health Services

**Student University Employment & Academic Program Physical**

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

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

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

\_\_\_\_\_  
Medical Examiner

\_\_\_\_\_  
Date