

Butler University Health Services

Physical Examination: MANDATORY for all new students

To be completed by a health care provider within the last 12 months.
You may use this form or a similar form provided by your health care provider.
Please complete in English

Date of Examination: ___/___/___ Full Name of Student: _____ DOB: ___/___/___

Height (ins): _____ Weight (lbs.): _____ B/P: _____/_____ Pulse: _____ Resp. Rate: _____ Temperature: _____

Physical Exam	Normal	Abnormal
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Skin		
Genitourinary		
Musculoskeletal		
Neurological		
Other		

- Incomplete immunizations** require evidence of immunity by quantitative (numeric value) titer.
 - See requirements on the back of this document
- Medical conditions (i.e., Asthma, Diabetes, Crohn's)? _____
- Mental health care/management history? _____
- Medications? _____
- Special dietary requirements? _____
 - Food allergies? _____
 - Food allergy testing? _____
- Allergies? _____
 - Medications? _____
 - Environmental? _____
 - Need for Epi Pen? _____
- Other special needs, pertinent information, or comments?

Signature of MD, PA-C, NP, DO: _____

Please print or stamp MD, PA-C, NP, DO name: _____

Address: _____ Telephone: _____ Fax: _____

DUE DATES for new students: Fall semester – August 1 / Spring semester – January 1