

# STUDENT PHYSICAL EXAM

(To be completed by medical professional)

## ST. LUKE'S COLLEGE

2800 Pierce Street  
Sioux City, Iowa  
(712) 279-3503 Fax: (712)233-8017

<b>EXAMINER: PLEASE DISCUSS THE ATTACHED MEDICAL RECORD FORM WITH THE PATIENT AND COMPLETE THE PHYSICAL FORM.</b>			
<b>Name</b>		<b>Date</b>	
<b>Visual Acuity</b>	OD:	OS:	OU: Corrective Lens:
Height:	Weight:	Blood pressure:	Pulse: LMP:
<b>ABNORMALITIES</b>	<b>YES</b>	<b>NO</b>	<b>IF YES, STATE CONDITIONS (PLEASE BE SPECIFIC)</b>
Skin			
HEENT			
Metabolic/Endocrine			
Respiratory			
Hernia			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Neuropsychiatric			
Is this patient currently being treated for any medical or emotional condition?			
Does this patient have any mental or physical restrictions?			

I have found no indication of any condition that represents a possible hazard to the health of this student or the patient's they may come in contact with during their education at St. Luke's College.

Signature

MD/DO/NP/PA

Date

Provider's Address

Phone

St. Luke's College  
Student Health  
2800 Pierce Street  
Sioux City, IA 51104  
FAX: (712) 233-8017