Rio Grande Valley College

5419 N. Cage Blvd.
Pharr TX 78577
(956) 781-6800 PH. (956) 781-6807 Fax
www.rgvcollege.edu

PHYSICAL EXAM CERTIFICATION

Please fill out top portion before the physician examination

Name _____ D.O.B._____

Address_____City_____Zip Code_____

Phone_____ Age_____

Emergency contact person:_____Phone #:_____Relationship:_____

Does student have insurance?_____Yes _____ No

Name of insurance provider: _____

** Required to be completed*

To be completed by a U.S. Physician, PA, NP:

*** Past Medical History/Illnesses: (Please check those that apply)**

( ) Measles	( ) Scarlet Fever	( ) Heart Disease
( ) Whooping Cough	( ) Diphtheria	( ) Chorea (St. Virus Dance)
( ) Polio	( ) Chicken Pox	( ) Epilepsy
( ) Rheumatic Fever	( ) Diabetes	( ) Frequent colds #/year _____
( ) Hay fever or Asthma		

List any other serious illness, operation, or injury, and date when it occurred. _____

_____

_____

***Please list any known allergies and reaction:**_____

***Physician Examination:**

Height _____Weight_____Temperature_____B/P_____

Eyes: Vision R____L____ or with Glasses R _____L_____ Ears: R____L_____ Hearing R_____L_____

Nose _____Sinuses_____

Teeth _____Tonsils_____

Thyroid _____Skin_____

Heart _____Lungs_____

Abdomen _____ Hernia_____

Feet: R _____L_____ Varicose Veins_____

Posture _____Spinal Curvature_____Reflexes_____

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Physical Exam Certification (cont'd)

REMARKS AND RECOMMENDATIONS

*Defects found: _____

_____

_____

*Recommendations: _____

_____

_____

*In your opinion, is the individual in a suitable physical and emotional condition to enroll in a NURSING EDUCATION program?

_____ Yes

_____ No; if not, please comment:_____

_____

_____ _____

Signature of Examining Physician,PA,NP Date

Please place office stamp in box below with clinic name, address & phone number.