



Oak Brook Main Campus  
 2625 Butterfield Road, Suite 102E  
 Oak Brook, IL 60523  
 Phone: (630) 705-9999 Fax: (630) 705-1422  
 E-mail: [inquiry@vervecollege.edu](mailto:inquiry@vervecollege.edu)

Chicago Non-Main Campus (Extension)  
 216 W Jackson Blvd. Suite 900  
 Chicago, IL 60606  
 Phone: (312) 920-8822 Fax: (312) 658-0775  
 Web: [www.vervecollege.edu](http://www.vervecollege.edu)

## Physical Examination

(Confidential)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

UA: Protein: \_\_\_\_\_ Sugar: \_\_\_\_\_ HGB: \_\_\_\_\_ HCT: \_\_\_\_\_

PPD: \_\_\_\_\_

Date Given	Manufacturer, Lot #, Exp. Date	Site	Date Read	Result in MM

Date of last tetanus immunization: \_\_\_\_\_

Vision: Corrective lenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

	Right	Left
Near		
Far		

Physical Assessment:

	Within Normal Limits	Abnormal	Explanation of Abnormalities
General Survey			
Skin			
Head			
Eyes			
Ears			
Nose			
Mouth			
Neck			
Spine & Back			



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Thorax & Lungs			
Breasts			
Heart			
Abdomen			
Extremities			
Musculoskeletal			
Neurological			

Recommendations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one of the following:

Student may perform all physically involving activities

Student may perform some physically involving activities. Limitations are:

\_\_\_\_\_

\_\_\_\_\_

Student should not participate in any program that involves physical activity

Signature of Healthcare Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

**PHYSICIAN'S STAMP REQUIRED BELOW**