

To be completed by the physician.

The Physical Examination Report is for use by Summit International School of Ministry Admissions Department. The contents of this records are confidential and will not be released without the applicant's written permission or verbal consent.

Patient Information

Last Name	First Name
Address	
City	
State	Other
Home Phone	Cell Phone
E-mail	Date of Birth <input type="text"/>

Medical Information

Is the patient currently under treatment for:

Serious medical condition

Serious emotional condition

Serious psychological condition

If yes, please explain:

Recommendations for Physical Activity:

Unlimited

Limited

Comments

Do you observe any medical conditions that would hinder the student's ability to attend Summit?

Yes

No

If yes, please explain:

Physical Examination Information

	Normal	Abnormal
Head		
Eyes		
Ears		
Nose		
Throat		
Respiratory		
Cardiovascular/ Hematological		
Gastrointestinal		
Dental		
Urinary Tract		
Hernia		
Musculoskeletal		
Metabolism/Endocrine Glands		
Neurological/Psychiatric		
Skin		

If abnormal, please explain:

Is the patient currently on any medications?

Yes No

If yes, please explain:

Tuberculin (TB) Skin Test(within the last year)

Date

Positive

Negative

Additional Comments

Chest X-Ray(required if TB Skin Test is positive)

Positive Negative

Additional Comments

Physician Information

Primary Physician

Medical Facility

Address

City

State

Postal Code

Phone Number

Physician's Signature

Date