



CONNECTICUT
COLLEGE

Physical Examination Form

Upload through the **Student Health Portal** before arrival to campus

Student Health Services
270 Mohegan Avenue
New London, CT 06320
Tel: 860-439-2275

Student Name _____ Date of Birth _____
Last First MI

PHYSICAL EXAM: Required of **ALL** new incoming students. To be completed by your **Health Care Provider**.
A physical form signed and dated by a Health Care Provider within the last year will be acceptable.

Please list any significant **Past Medical History** or any ongoing health conditions:

Medications: Please list current medications and dosages, including birth control and OTC medications:

Allergy to Medication, Food or Other and **reaction:**

Surgical History: _____

Height: _____ **Weight:** _____ **BP** _____ / _____ **Pulse** _____

	NORMAL	ABNORMAL	Comment on abnormal
SKIN			
HEENT			
NECK/THYROID/LYMPH			
RESPIRATORY			
CARDIOVASCULAR			
ABDOMEN (include hernia)			
GENITOURINARY			
MUSCULOSKELETAL			
NEUROLOGIC			
PSYCHOLOGICAL			

Recommendation for participation in Club, Intramural, or Recreational Sporting Contests:

Unlimited: ___ Limited: ___ If limited, please explain: _____

HEALTH CARE PROVIDER:

Signature _____ Date of Exam: _____

Name (or stamp) _____ Phone# _____

Address _____ Fax# _____