



Health Office
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Physical Examination Form

to be completed by health care provider

To the examiner: Please review the student's history and complete the following Physical Examination Form. Please comment on all abnormal findings and be sure all information is complete.

Student's Full Name: _____ Date of Birth: ____ / ____ / ____

Blood Pressure: _____ Pulse: _____

Height: _____ Weight: _____

Skin
Head, Eyes, Ears, Nose, Throat
Neck, Thyroid
Lungs
Heart
Abdomen
Hernia
Extremities/Joints
Neurological
Mental Status

List Current Medications	Dosage	Frequency

Surgical History: _____

Medical Provider's Signature/Stamp

Today's Date