
College ID#

Student Cell Phone # (required)

UNIVERSITY OF RHODE ISLAND • DR. PAULINE B. WOOD HEALTH SERVICES

Medical Records Department
 6 Butterfield Road • Kingston, RI 02881
 401-874-4612 • FAX 401-874-5772

PHYSICAL EXAMINATION

To Student's Physician: We would appreciate completion and your signature.

If you have any questions regarding our services, please call (401) 874-2246 or (401) 874-4763 (summer).

*** Use of this form is not required, your provider may copy their form if previous exam was within 18 months.**

STUDENT'S NAME: _____ D.O.B. _____
 (last) (first) (middle)

Weight: _____ Height: _____ BP: _____ Pulse: _____ Respiration: _____

EXAM: NORMAL ABNORMAL

IDENTIFY ABNORMALS:

IMPRESSION (diagnoses, recommendations, restrictions). Please note any health problem, chronic health condition or disability that may affect behavior or health of the student while at college:

MEDICATIONS (Include prescriptions, over-the-counter, and herbal)			
NAME	DOSE	FREQUENCY	RELATED DIAGNOSIS

ALLERGIES (Please list ALL medications, foods and other miscellaneous items)	
MEDICATIONS:	
FOODS:	
OTHER:	
	<input type="checkbox"/> BEES <input type="checkbox"/> LATEX <input type="checkbox"/> NUTS

PROVIDER SIGNATURE: _____ DATE OF EXAMINATION: _____

PROVIDER NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____