College of Science
Department of Geology & Geophysics

Field Camp

General Physical Examination

Name:______________________________ Date of Birth:______________

Sex:______________ Height:______________ Weight:______________

Blood Pressure:__________/__________ Pulse:______________

Health History	Yes	No
1.Chronic/Recurrent Illness?		
2. Hospitalization?		
3. Surgery other than tonsels?		
4. Injuries treated by Physician?		
5. Current Medications?		
6. Organs Missing?		
7. Heart Exhaustion/Stroke?		
8. Dizziness, Fainting, Convulsions, and/or Headaches?		
9. Knocked Out?		
10. Concussion?		
11. Wear Glasses or Contacts?		
12. Hearing Defects?		
13. Dental Appliances: Bridge/Brace/Cap/Plate?		
14. Cough/Chest Pain?		
15. Problems with Blood Pressure, Heart or Murmers?		
16. Any sudden deaths before age 50, in immediate family?		
17. Problems with Liver, Spleen or Kidneys?		
18. Hernia?		
19. Recurrent Skin Disease?		
20. Bone/Joint Injury? Sprain/Dislocation?		
21. Allergy to Medications? Name:____________.		
22. Tetanus Booster in the last 10 yrs? Year__________.		
23. Recent TB Skin Test? Date:_____. Results:______.		

	Satisfactory Yes	Satisfactory No	Physical Evaluation Comments	Recommended Follow-up
VITALS				
HEAD				
NECK				
EYES				
ENT				
DENTAL				
CHEST				
HEART				
ABDOMEN				
SKIN				
ALLERGY				

Summary of Comments: Item #:
Description:

Cleared without restriction
Cleared with Restriction Restriction explanation:______________________________
____
Not cleared Reason:______________________________
____

Physician:______________________________Date:______________
Phone number:(   )______________ Email:______________________

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