

To Parents and Incoming Freshman of Coe College

A complete physical exam is essential to safeguard your investment in a college education.
Coe College requires a physical examination and current immunizations on file in order to register for classes. This form must be submitted by AUGUST 1ST to Coe College Health Services, 1220 First Ave. NE, Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269

Physical Examination

(To be completed by your healthcare provider)

Student's Name _____ Birth Date _____

Height _____ Weight _____ Heart Rate/Pulse _____ BP _____/_____

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal _____ Unequal _____

Hearing: R _____ L _____ Dental Care Needed: Y N Hgb/Hct _____

UA _____ Urine Protein _____ Urine Sugar _____

	Normal	Abnormal	Describe
Eyes/Ears/Nose/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal/Abdomen			
Genitourinary (Pelvic Exam)			
Genitalia/Hernia			
Endocrine/Metabolic			
Neurological			
Skin			
Musculoskeletal			
Mental/Emotional Status			

Are there restrictions in activity? If yes, please explain. _____

Is the student in treatment for an emotional disorder? If yes, please describe. _____

List current medications/health problems/treatment. _____

CLEARANCE FOR ATHLETICS:

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not Cleared for: _____ Reason: _____

HEALTH CARE PROVIDER (Signature required)

Name (print) _____ Signature _____ Date _____

Address _____ Phone _____

Street City State

I give Coe College Health Services permission to release copies of this form to the Athletic Office and/or the Nursing Department at Coe College.

Student Signature _____ Date _____