

Blinn College EMS Program Physical Form

Physical may be documented on the program form, or the provider form.

RELLIS Campus - Office: (979) 691-2130

Report of Health Evaluation

TO THE EXAMINING PHYSICIAN: Please review the students' history and complete the physician's form. Please comment on all positive answers. This information will be used only as a background for providing health care, if necessary.

Student Name		Blinn ID #	
Blood Pressure	Height in inches	Weight in pounds	

ARE THERE ANY ABNORMALITIES OF THE FOLLOWING SYSTEMS?			
SYSTEM	YES	NO	COMMENTS
Head/Ears/Nose/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			
Gynecological/OB			
Are there any speech/vision/hearing impairments?			
Eyes			Vision: Lt. Rt. Corrected: Yes No
Hearing			Hearing: Lt. Rt. Corrected: Yes No

In your opinion, is this individual in suitable physical and emotional condition for this Health Science Program?

- Unlimited
 Limited

Please explain: _____

Physician's Signature _____

Date _____

Physician's Print Last Name _____ First _____

Office Number _____

Address _____ City _____ State _____ Zip _____

Office Fax _____