



COLLEGE ENTRANCE PHYSICAL EXAMINATION

(Recommended for all incoming students)

If you have had a physical examination within the past year, have your doctor complete this form.

Student's last name		First name		Birth date	
Address			City		State Zip
Height	Weight	B.P.		Pulse	
Hearing		Vision		Lab Findings	
Rt. Ear _____	Rt. 20/ _____	without glasses/contact lenses		Urine:	
Lt. Ear _____	Lt. 20/ _____			Albumin _____	
	Rt. 20/ _____	with glasses/contact lenses		Glucose _____	
	Lt. 20/ _____			Blood:	
				Hemoglobin _____ Gm.%	
				or Hematocrit _____	

Please record all immunizations on the back side of this sheet.

Normal	Abnormal	Normal	Abnormal
	Head / EENT		Vascular System
	Skin		Rectal
	Teeth / Mouth / Gums		Pelvic Exam (LMP)
	Neck /Thyroid		Vulva
	Thorax / Breasts		B.U.S.
	Heart		Vagina
	Abdomen		Cervix
	Hernia		Uterus
	Neurological		Adnexa
	Extremities / Joints		Pap Smear (Last)
	Spine		

Comments or recommendations (describe abnormalities, indicate restrictions)

Examining physician signature _____ Date _____

Return to student or mail to Student Health Services, Westmont College, 955 La Paz Rd., Santa Barbara, CA 93108-1099