

Oglala Lakota College-Nursing Department
Physical Examination

Name _____ Sex _____ Date _____

Birthdate _____

Height _____ Weight _____ Blood Pressure _____

Pulse _____ Respirations _____ -

Vision _____ Without glasses – Left _____ Right _____

With glasses –Left _____ Right _____

Date of visual exam _____

Hearing Acuity _____ Left _____ Right _____

Allergies _____

Current Medications _____

Lab Urinalysis _____ CBC _____ TSH _____

Latest Tetanus Immunization _____

	Normal	Abnormal
1. General appearance	_____	_____
2. Head	_____	_____
3. Eyes	_____	_____
4. ENT	_____	_____
5. Neck	_____	_____
6. Chest	_____	_____
7. Cardiovascular	_____	_____
8. Abdomen	_____	_____
9. Urinary	_____	_____
10. Skin	_____	_____
11. Lymphatics	_____	_____
12. Central Nervous System	_____	_____
13. Orthopedics-back	_____	_____

Comments: _____

Is the student now under treatment for any medical or psychological conditions?

Yes _____ No _____.

Any medications recommended? Yes _____ No _____

If yes, what? _____

Any recommendations? _____

Date examined _____ Physician's signature _____

Physician's Name & Address (Please print)
