

PHYSICIAN'S SECTION OF MEDICAL ENTRANCE FORM

Office of Student Life – Davis & Elkins College – 100 Campus Drive – Elkins, WV 26241 – 304.637.1211

PHYSICAL EXAMINATION TO BE COMPLETED BY FAMILY PHYSICIAN

Student Name:			DOB:/
Required Immunizations: MMR (Measles, Mumps, Rubella) – two doses reduced processes and the second processes are sec	after first and TD)	TD or Tda nactra (circ result:	Polio – three doses required: Dose #1:// Dose #2:/_/_ Dose #3:/_/ Hepatitis B (HBV) Three-dose vaccine series Dose #1:/_/ Dose #2:/_/ Dose #3:/_/ p (circle one) p (circle one) required if living in dorms
Dose#1:/ Dose #2:/ D			
Hepatitis A Vaccine – recommended for internat			_
Dose #1:/ Dose #2://_			ith the HBV series)
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EXAM:			
Blood Pressure Pulse	Height		Weight
	_		
Vision - without glasses/with glasses: Right	_/	Left	
Hearing: Right Left			
Normal Abnormal	Mormal	Abrama -1	
Normal Abnormal Head, scalp, face		Abnormal	
Eyes			Conitolia
Nose			Destal Protection
Mouth and Throat			Harria
Teeth			Admonstry
Neck			Adenopathy
Lungs			Orthonodia Essent
Heart Muscular/Skeletal Exam			Orthopedic Exam Neurological Exam
Muscular/Skeletal Exam			Neurological Exam
Any conditions that are not listed that we should be aw	are of:		
From this physical examination, can this student partic	inate in:		
Physical Education Classes	□ YES	□NO	
Intramural Sports	□ YES		
Intercollegiate Athletics	□ YES		
interconegrate Atmetics	⊔ 1ES		
Please list any limitations or exemptions and specific re	easons for	each:	
Physician signature			Date:
Physician signature:			Date.
Physician Information: (please print)			
Name:			
Address:			
Audicss.			Please return completed form to:
			Davis & Elkins College
			Office of Student Life
			100 Campus Drive
Talambana			Elkins, WV 26241
Telephone:			EIKHIS, W V ZOZ41