



Student Health Services
Biddeford Campus Portland Campus
P 207-602-2358 P 207-221-4242
F 207-602-5904 F 207-523-1913
Patient Portal
une.mediatconnect.com

PHYSICAL EXAMINATION FORM- General (non-program-specific)

- This form must be completed by a healthcare provider, not a family member. Other physical exam forms will not be accepted.
Varsity and Club Athletes: The entire form must be completed, including "Additional Required Exam for Athletic Clearance" portion. The physical exam must be performed within 6 months of your initial participation. Please check with the Athletics Department for the specific date. Students missing these requirements will not be medically cleared to participate.

Form with fields for: Last Name, First, M, Sex assigned at birth, Date of Birth, Cell Number, Medications, Allergies, Past Medical/Surgical History, Cardiac History, BP, Pulse, Ht, Wt, BMI, Systems (Normal/Abnormal Findings), Precordial Auscultation, Femoral and Radial Artery Pulses, Physical Stigmata for Marfan Syndrome.

Cleared for all SPORTS, educational activities, and travel abroad
Cleared for all educational activities and travel abroad
Cleared with the following restrictions:
Student is NOT cleared:

Provider's Signature Date of exam:
Printed Name Tel:
Address Fax: