



Universidad Pentecostal Mizpa

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Physical Examination

Name: _____ Student Number: _____

Home Address:

Age: _____ Height: _____ Weight: _____ BP: _____ P: _____ T: _____

Vision: *with glasses* _____ *without glasses* _____ *color vision* _____

Circle: Normal Abnormal

RI

LI

Skin: _____

Lymph: _____

Eyes: _____

Nose: _____

Mouth and Throat: _____

Neck: _____

Heart: _____

Breast: _____

Abdomen: _____

Extremities: _____

Back: _____

Genital; Urinary System: _____

GNS: _____

See Back

Summary:

Diagnosis, recommendation, for medical care, follow up, additional studies, etc

Physical Activity Approval: Circle appropriate number

1. **Approved**- All Physical activity (Including all physical education classes, extracurricular activities, etc.
2. **Approved**- All Physical activities with following restrictions.

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3. **Not Approved**- No Physical education classes. Limited extracurricular activities.

Reason (s) and restriction (s):

Date: _____

_____ MD