

College Admission Physical Examination Form

Personal Information

Full Name

Date of Birth

Student ID/Registration No.

Gender

Address

Phone

Email

Medical History

Past or present illnesses, surgeries, or conditions

Allergies (medication, food, other)

Current Medications

Physical Examination

Height (cm)

Weight (kg)

Blood Pressure

Vision (L/R)

Hearing

System Review

Head

Chest

Abdomen

Skin

Extremities

Other Findings

Additional Comments

Physician Name

Phone

Signature

Examination Date

