



EXSC / HHPF Internship

PHYSICAL EXAMINATION VERIFICATION

To Be Completed by Student (Please Print)

MUST BE COMPLETED **WITHIN 12 MONTHS** OF ENROLLMENT.

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YEAR)

Do you have any health problems or concerns of which your provider should be aware?

Yes

No

If you wish to receive care for the above problems or concerns it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary.

Student Signature

Date

To Be Completed by Medical Provider (MD, DO, PA, NP)

A thorough history and physical examination were completed on the above named individual, with the following results:

All findings were within normal limits. Student is capable to fulfill duties of an Internship.

Follow-up care is required; patient was advised

Medical Provider's Signature

Print Name

Date

Facility Name (Please Print)

Office Phone Number

Address

City & State

Zip Code

UPLOAD TO COURSE CANVAS PAGE 1 MONTH PRIOR TO SEMESTER START DATE