Student Life Office 15 University Street, Greenville, South Carolina 29601 p: 864.282.3848 f: 864.282.3849 Email: registration@scgsah.org



SUMMER PHYSICAL EXAMINATION 2024

Due: May 19th

Student: Mr. Mi	iss (Circle One)					
Last	First		Middle	Preferred		
This form must be completed in its entirety, signed and dated by a licensed physician or family nurse practitioner (FNP). The physical examination must be completed on this form and dated after 1/1/2024. Physician's Examination						
Height:	in.	%	Weight:	lb. BMI:		
Blood Pressure:			Heart rate:			
Nutritional Status:			Last Dental Exam:	Last cleaning:		
General Appearance:						
Skin:						
Mental Status:						
Neurological:						
History of Seizures:						
HEENT:						
Vision: Le	ft: Right:		Requires Correction:	YES DNO		
History of Headache?	□ YES □ NO	If yes, treatment?				
Hearing:						
Pulmonary:						
Cardiovascular:						
GI:						
GU:						
Reproductive:						
History of Hernia? 🗆 Y	'ES DNO		If yes, treatment?			
Musculoskeletal:						
Does the student currently receive physical therapy? YES NO If yes, please describe the frequency and type:						
Does the student have physical limitations? YES NO If yes, please describe:						

Summer PHYSICAL EXAMINATION 2024

Student:	Mr. Miss	(Circle One)					
	Last	First	Middle	Preferred			
		Me	dical History				
	Healt	h Concern:	-	Current Treatment:			
Chronic Medical Illness:							
Emotiona	/Mental Health						
		DHD / Anxiety)					
Eating Dis	sorders: xia / Bulimia / F	Purging)					
							
Environm	ental:						
Childhood Illnesses:							
Previous Injury							
Old/New		Type of Injury	Location of Injury	Treatment			
Do you have any concerns related to this student participating in an intensive, rigorous program of academic and artistic study? \Box YES \Box NO							
If yes, please share any concerns that would assist us in caring for this student.							
		Physiciar	n Completing Form				
Physician's Name Printed				Physician's Signature			
Practice Name				Date Exam Completed			
Maili	ng Address	City	State	Zip			

Fax Number

Telephone Number