BARD COLLEGE PHYSICAL EXAMINATION

A physical exam completed within the past 12 m	onths is a requirement for registration at Bard College. Revised 3/2024
STUDENT TO COMPLETE:	
LEGAL NAME:	Date of birth (MM/DD/YY):
PREFERRED NAME:	PRONOUNS:
PREFERRED NAME:	Female Intersex Decline to state
	gender man Transgender woman Nonbinary/Genderqueer
Other/additional identity (iii	Il in): Decline to state atric issues. I have never been hospitalized.
I nave no current or past medical or psychia	itric issues. I nave never been nospitalized.
	tric issues or hospitalizations:
	Attach additional pages as needed.
000000000000000000000000000000000000000	
PROVIDER TO COMPLETE:	Date of exam(MM/DD/YY):
	, , , , , , , , , , , , , , , , , , , ,
I HAVE KNOWN THIS PATIENT FOR:	
ALLERGIES :NKDASPECIFY ALLERGE	ENS:
CURRENT MEDICATIONS:	
ATTECT THAT THE DATIENT HAS NO O	IONIFICANT MEDICAL OD DOVOHIATDIO IOCUEO (************************************
TATTEST THAT THIS PATIENT HAS NO SI OR	IGNIFICANT MEDICAL OR PSYCHIATRIC ISSUES (current or past)
	STORY:
Olorum tox art mediox em of orm, artalo m	OTOICH:
	Attach additional pages as needed.
HEIGHT: inches WEIGHT:	lbs BMI: (optional) BP: / PULSE:
THIS PATIENT HAS A COMPLETELY NOF	RMAL PHYSICAL EXAM
OR	
ABNORMAL FINDINGS:	
HEENT	CHEST/LUNGS:
CARDIAC:	ABDOMEN:
SKIN:	MUSCULOSKELETAL:
NEUROLOGICAL:	OTHER:
DOVOLHATDIO/DEDDECCION CODEENING	
	G:
OTHER:Attach additional pages as needed.	
Attach additional pages as needed.	
ALL ATHLETES (including POTENTIAL) MUST SI	UBMIT RESULTS OF A SICKLEDEX TEST (MUST attach copy of result)
Sickle cell screen date://	
TB SCREEN: Does the student have signs/symptoms of	of active TB, or is the student in a high risk group or high risk country? YES NO
IF YES, TB TEST RESULTS:	
PPD/Skin test (Mantoux only): Result:	_mm of induration NEG POS
OR	
	POT Result: NEG POS
IF POSITIVE SKIN or BLOOD TEST: CXR DA	TE: RESULT:
	
Provider signature	Provider printed name License number
	OR STAMP:
Clinic address	UN STAIVIF.
Omno dudicas	
Clinic phone number	