

Student Physical Examination Summary

| Student | Name: | PUID: | | |
|--------------------------|---|--|----------------|---------|
| Date: | | | | |
| Based or (Check all t | | nd clinical data, the student is | <u>::</u> | |
| A. | | m the listed essential functions of r culosis. Comments: | • | IS |
| В. | | n the listed essential functions of r culosis, with the following recomme | · · | IS |
| C. | Unable to determine; waiting for the following diagnostic data or notes from a recommended medical consultation: Comments: | | | эd |
| <u>Signature</u> | e for above document | | | |
| | | Health care Professional's S | Signature Date | |
| | Print Name Phone Number | | | |
| I confirm th | - | vledge the information recorded at ars is qualified to provide these as | | th care |