Return by July 15
Registration Procedures will be delayed
And campus activities forbidden if this
Form is not received by July 15

MEDICAL EXAM FORM

Garrison-Foster Health Center
Colby College
4460 Mayflower Hill
Waterville, ME 04901-8844
Fax: 207-859-4475
Tel: 207-859-4460

Last Name | First Name | Middle Name | Sex (M/F) | Date of Birth (M.D.Yr)

Home Address (Number and Street) | City or Town | State | Zip | Country

Medical Examination

Blood Pressure: Pulse:
Height: Weight: Build: Slender ❑ Medium ❑ Heavy ❑ Obese ❑

Normal	Abnormal	Check each item in proper column	Note: Give details of each abnormality
		Head, face, scalp and skull	
		Nose and sinuses	
		Mouth and throat (include teeth & gingiva)	
		Neck (include thyroid)	
		Ears	
		Eyes	
		Lungs	
		Heart	
		Abdomen (include hernia)	
		G-U System	
		Musculo-skeletal	
		Skin and lymph nodes	
		Neurological/Psychological	

Intercollegiate Sports Permission
This section must be answered for all students, whether or not they intend to participate in a sport while at Colby.

Does student have clearance to participate in sports activities or team sports, or a program of study and travel abroad?

( ) Yes, full participation
( ) Partial participation List Restrictions _____
( ) No Reason _____

Is any follow-up by a College practitioner indicated? _____

Physician's Signature: _____ Date of Exam:_____

Printed Name Tel: (____) _____
Address Fax: (____) _____