



# PIEDMONT INTERNATIONAL UNIVERSITY

420 S. Broad Street • Winston-Salem • North Carolina • 27101  
(800) 937-5097 [www.PiedmontU.edu](http://www.PiedmontU.edu) Fax (336) 725-5522

## Physical Examination Form

**Patient's Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Resident students must have a complete documented physical. A doctor must complete the form no earlier than six (6) months prior to entering PIU. The applicant must provide a chest x-ray report or T.B. skin reading dated within six (6) months prior to admittance. These tests may be completed either at a physician's office or public health facility.

Results of chest x-rays or T.B. test \_\_\_\_\_ Date \_\_\_\_\_

Height _____	Hearing _____	Respiratory _____
Weight _____	Teeth _____	Cardiovascular _____
Blood Pressure _____	Skin _____	Neurological _____
	Eye Sight _____	Gastrointestinal _____

1. Give details of chronic mental or physical health-related issues. \_\_\_\_\_

2. Is it necessary for applicant to take medication for any of the conditions described herein? If so, please state what medication. \_\_\_\_\_

3. Do you consider the applicant's health adequate for college life?  Yes  No

5. Is the applicant able to participate in physical education classes?  Yes  No

6. Remarks: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_