



**ST. JOSEPH SEMINARY COLLEGE**  
 ST. BENEDICT, LA. 70457  
**REPORT OF PHYSICAL EXAMINATION**

THIS PART TO BE COMPLETED  
 BY PHYSICIAN.

ALL ITEMS TO BE COMPLETED,  
 NO EXCEPTIONS, PLEASE

THE PHYSICIAN IS REQUESTED TO REVIEW THE DATA ON THE FRONT SIDE AND TO SUPPLY WHAT MAY HAVE ESCAPED THE APPLICANT'S KNOWLEDGE OR MEMORY.

Date \_\_\_\_\_ 19\_\_

I certify that I have carefully examined \_\_\_\_\_  
 who is signing this application for admission to St. Joseph Seminary College. I have found his condition to be as follows:

1. General appearance \_\_\_\_\_ 2. Age \_\_\_\_\_ 3. Height \_\_\_\_\_ 4. Weight \_\_\_\_\_  
 5. B. P. \_\_\_\_\_ 6. Pulse \_\_\_\_\_

**PHYSICAL EXAMINATION**

SYSTEM	NORMAL	ABNORMAL	LABORATORY
EENT			
Cardiovascular			1) Chest X-ray (mandatory)—Minifilm or other Date _____ Result _____
Pulmonary			
GI			2) Urinalysis
GU			Alb. _____ Sug. _____ Micro. _____
Neuromusculoskeletal			3) Other tests where indicated
Skin			
Psychiatric Status			

\*(If any abnormality noted, please type explanation below.)

Is the applicant presently under a physician's care? \_\_\_\_\_ If so, please type explanation below.

What prescriptive medicines is the applicant taking? \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant been under the care of a psychiatrist or a psychologist within the last twelve months? \_\_\_\_\_  
 If so, please type explanation below.

Name and address of family physician \_\_\_\_\_

Name and address of examining physician (please type or print) \_\_\_\_\_

Signature of examining physician \_\_\_\_\_

Complete BOTH SIDES and return to the Office of Student Health.