

UAB SH&W PHYSICAL EXAMINATION (Please print in black ink) To be completed and signed by physician or clinician. A physical examination is required for all clinical students within 1 year prior to matriculation.

You may schedule a physical exam at Student Health & Wellness if you do not have a physician. Schedule an appointment through your patient portal or call 205-934-3580 and ask our receptionist for details.

<u>Tanaya Taroshi</u>			<u>06/19/1997</u>	<u>Tanaya</u>
Last Name	First Name	Middle	Date of Birth (mm/dd/yyyy)	BlazerID@uab.edu
<u>1165 Bell Road Montgomery, AL, 36117</u>			<u>(713) 409-8805</u>	
Permanent Address City State Zip Code			Area Code/Phone Number	

Height 61.3 Weight 149.7 TPR 98.2 84/14 BP 102/63

Vision: Corrected Right 20/20 Left 20/20
 Uncorrected Right 20/____ Left 20/____
 Color Vision Normal

Are there abnormalities? If so, describe full	WNL	ABN	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat	✓		
2. Eyes	✓		
3. Respiratory	✓		
4. Cardiovascular	✓		
5. Gastrointestinal	✓		
6. Musculoskeletal	✓		
7. Metabolic/Endocrine	✓		
8. Neuropsychiatric	✓		
9. Skin	✓		
Other			

A. Is there loss or seriously impaired function of any organs? ☒ No ☐ Yes
 Explain _____

B. Recommendation for physical activity (physical education, intramurals, etc.) ☒ Unlimited ☐ Limited
 Explain _____

L. Barton, CNP
 Signature of Physician/Physician Assistant/Nurse Practitioner

6/22/2020
 Date

Lindsay Barton, CNP
 Print Name of Physician/Physician Assistant/Nurse Practitioner

6/22/2020
 Date

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
 Office Address/Stamp **IRMA B. MOORE HALL RM. 102**
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MONTGOMERY, AL 36124-4023

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