

University of Georgia
College of Pharmacy
Athens, GA 30602
(706) 542-5328 (phone)
(706) 542-6022 (fax)

Name: _____
Date of Birth: _____
Date of Exam: _____
Drug Allergies: _____

History and Physical Exam

Reason for Physical: Requirement for UGA College of Pharmacy Experience Programs

Current Problems: _____

Current Medications:
(including dose) _____

Medical History
Chronic Medical Problems:
(diagnosis and year) _____

Hospitalizations, Surgeries:
Serious illness, Injuries,
(include year) _____

Social History: _____

Tobacco use _____ Alcohol _____ Caffeine _____
(type / amount) (type / amount) (amount)
Regular Exercise: Type: _____ Diet: _____

Significant Family History: _____

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Physical Exam

Ht _____ Wt _____ T _____ P _____ R _____ BP _____ LMP _____

Vision: R (Uncorrected _____/ Corrected _____) L (Uncorrected _____/ Corrected _____)

General Appearance: _____

System	Normal	Comments
HEENT		
Neck		
Lungs		
Heart		
Extremities		
GU		
Rectal		
Neurological		
Musculoskeletal		
Skin		
Lymph		
Other		

Diagnostic Tests: _____

Assessment: _____

Recommendation(s): _____

Certification:

___ Able to meet the physical and mental requirements needed for participation in the UGA College of Pharmacy Experience Programs

___ Unable to meet the physical and mental requirements needed for participation in the UGA College of Pharmacy Experience Programs for the following reasons: _____

Physician/Clinician Signature: _____ Address: _____

Date: _____