History and Physical Exam

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

Current Problems: _______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Current Medications: _______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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

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

Social History: _______________________________________________________________________
_______________________________________________________________________

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

Significant Family History: _______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
University of Georgia     Name ____________________________
College of Pharmacy     Date of Birth: ________________________
Athens, GA  30602     Date of Exam:  _____________________
(706) 542-5328 (phone) / (706) 542-6022 (fax)  Drug Allergies: _______________________

Physical Exam

<table>
<thead>
<tr>
<th>System</th>
<th>Normal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rectal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

General Appearance:  ________________________________________________________________

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:  ____________________________  ____________________________