

Aspiro Wilderness Program – Physical Exam (Student)

Date:		Name:		Date of Birth:		Age:	
Ht:	Wt:	BP:	T:	R:	P:	(post 1 min jog)P:	V/A R:20/ L:20/ B:20/
BMI:						<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Uncorrected	
Medications:				Allergies:		History:	
Physical Exam				Urine Hcg Results=			
	Normal	Abnormal/Remarks/ROS		Urinalysis Results:			
Gestalt							
Skin							
Head							
Eyes							
Ears							
Nose							
Mouth/Throat							
Neck							
Thyroid							
Heart							
Lungs							
Back							
Abdomen							
Neurological							
Extremities							
Genitalia							
Breast/Pelvic/Pap							
Yes No <input type="checkbox"/> <input type="checkbox"/> Unprotected sex within the past 5 days (Females only) <input type="checkbox"/> <input type="checkbox"/> STD testing recommended due to history <input type="checkbox"/> <input type="checkbox"/> Ingrown toenails <input type="checkbox"/> <input type="checkbox"/> Constipation or diarrhea							
Assessment				Plan			
Physical stress assessment based on climate, temperature, age, weight, and gender indicates he/she is physically fit to participate in Aspiro <input type="checkbox"/> Yes <input type="checkbox"/> No Student is required to be detoxified prior to entering the program <input type="checkbox"/> Yes <input type="checkbox"/> No							
_____ Provider Signature				_____ Date			