RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

Student Health Services
Rutgers Health Sciences Campus at Newark
Rutgers, The State University of New Jersey
90 Bergen Street, Suite 1750
Newark, NJ 07103

p 973-972-6655
f 973-972-7904

Health History and Physical Form

PART I: To be completed by the student. Please print or type.						
Last name	First name		MI	School/Grad year/program (if SHRP or SN)		
DOB (month day year)	☐ Male ☐ Female	Street Address		City	State	Zip
Telephone (cell)		Email				
HEALTH HISTORY (attach pages as needed)						
Ongoing health problems		Past surgeries		Allergies	Medications taken regularly	

PART II: To be completed by the healthcare provider.					
PHYSICAL EXAM (Must be completed by a non-relative physician, nurse practitioner, or physician's assistant)					
Physical exam date (within the past 6 months):					
Visual acuity (with correction, if any):			OD	OS	Correction ☐Yes ☐No
Height (inches)	Weight (pounds)		BMI	BP	Pulse

	Normal	Abnormal	Not done	If abnormal, please explain:
General appearance	☐	☐	☐	_____
Skin (scars, tatoos)	☐	☐	☐	_____
Head	☐	☐	☐	_____
Eyes	☐	☐	☐	_____
Ears, Nose, Throat	☐	☐	☐	_____
Neck	☐	☐	☐	_____
Lymph Nodes	☐	☐	☐	_____
Heart	☐	☐	☐	_____
Lungs	☐	☐	☐	_____
Abdomen	☐	☐	☐	_____
Spine	☐	☐	☐	_____
Extremities	☐	☐	☐	_____
Neurological Exam	☐	☐	☐	_____

Healthcare provider	Address/Stamp
Print name	
Signature	Phone
Date	Fax