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: _______________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Physical Exam

Ht _______ Wt _______ T _______ P _______ R _______ BP _______ LMP _______

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

General Appearance: ____________________________

<table>
<thead>
<tr>
<th>System</th>
<th>Normal</th>
<th>Comments</th>
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<td>HEENT</td>
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<td>Neck</td>
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<td>Extremities</td>
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<td>Lymph</td>
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<td>Other</td>
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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 Signature: ____________________________ Address: __________________________

Date: ____________________________