



**SOUTH FLORIDA STATE COLLEGE**  
**Avon Park, FL 33825**  
**EMS PROGRAM**  
**PRE-ENTRANCE PHYSICAL EXAM**



**TO THE PHYSICIAN:** Please check physical condition carefully. Defects found after admission may disqualify applicant. Thank you.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies: \_\_\_\_\_

Please list medications: \_\_\_\_\_

**Physical Examination:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_

Menses: Regular \_\_\_\_\_ Prolonged \_\_\_\_\_ Excessive \_\_\_\_\_ Painful \_\_\_\_\_

Eyes: Vision R \_\_\_\_\_ L \_\_\_\_\_ Corrected: R \_\_\_\_\_ L \_\_\_\_\_

Ears: Condition R \_\_\_\_\_ L \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_

Tonsils: \_\_\_\_\_ Nose: \_\_\_\_\_

Sinuses: \_\_\_\_\_ Thyroid: \_\_\_\_\_

Posture: \_\_\_\_\_ Ortho. Condition: \_\_\_\_\_

Varicose veins: \_\_\_\_\_ Skin: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_

Breast: R \_\_\_\_\_ L \_\_\_\_\_

**This portion of this form MUST be completed by a licensed Physician (M.D. or D.O.), Physician's Assistant, or Nurse Practitioner.**

1. In your professional opinion, is this student physically capable of performing the duties associated with their respective Allied Health Program?  Yes  NO (Please check one)
2. If you answered "NO" to the previous question, please document the condition(s) that will prevent this student from performing the duties of the EMS Program in the space provided.

Defects found: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_