



# SINTE GLESKA UNIVERSITY

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ACCREDITED BY  
THE NORTH CENTRAL ASSOCIATION  
OF COLLEGES AND SCHOOLS 1983

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## SINTE GLESKA UNIVERSITY DEPARTMENT OF NURSING PHYSICAL EXAMINATION

NAME \_\_\_\_\_

SEX \_\_\_\_\_

DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_

PULSE RESPIRATIONS \_\_\_\_\_

VISION: WITHOUT GLASSES

\_\_\_\_ LEFT \_\_\_\_\_ RIGHT

WITH GLASSES

\_\_\_\_ LEFT \_\_\_\_\_ RIGHT

HEARING:

\_\_\_\_ LEFT \_\_\_\_\_ RIGHT

ALLERGIES: \_\_\_\_\_ DRUGS \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

1. GENERAL APPEARANCE \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

2. HEAD \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

3. EYES \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

4. ENT \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

5. NECK \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

6. CHEST \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

7. CARDIOVASCULAR \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

8. ABDOMEN \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

9. URINARY \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

10. SKIN \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

11. LYMPHATICS \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

12. CENTRAL NERVOUS SYSTEM \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

13. ORTHOPEDICS – BACK \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

14. PHYSICAL ACTIVITY RESTRICTIONS \_\_\_\_\_ NORMAL \_\_\_\_\_ ABNORMAL

(lifting, walking, kneeling, etc.)

COMMENTS:

\_\_\_\_\_

Is the patient now under treatment for any medical or emotional conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

DATE EXAMINED: \_\_\_\_\_

Physician's Name and Address (Please print)

PHYSICIAN'S SIGNATURE \_\_\_\_\_