Cornell College | STUDENT HEALTH SERVICES

2026–27
Student Physical Examination

To be completed by MD, DO, NP, or PA.

OFFICE USE ONLY

Name _____

Birthdate _____

SSN _____

Physical Exam

To the Examiner: Please review the student's Student Medical History report and complete this physical exam form with comments on all positive answers.

Since this student has already been accepted for admission, the information supplied will not affect their status and will be used only as background for providing any needed care by Cornell College Student Health Services.

1

Name: _____ Date of birth: ____ / ____ / ____

BP: ____ / ____ Pulse: _____ Height: _____ Weight: _____

Vision: R 20 / ____ L 20 / ____ Corrected: ◯ Yes ◯ No Pupils: ◯ Equal ◯ Unequal

How long have you been seeing this patient? _____

Are there any abnormalities of the following systems? If yes, describe:

Eyes	◯ Yes ◯ No	_____
Head, ENT	◯ Yes ◯ No	_____
Cardiovascular	◯ Yes ◯ No	_____
Respiratory	◯ Yes ◯ No	_____
Breast	◯ Yes ◯ No	_____
Gastrointestinal	◯ Yes ◯ No	_____
Genitourinary	◯ Yes ◯ No	_____
Hernia	◯ Yes ◯ No	_____
Musculoskeletal	◯ Yes ◯ No	_____
Metabolic/Endocrine	◯ Yes ◯ No	_____
Skin	◯ Yes ◯ No	_____
Neuropsychiatric	◯ Yes ◯ No	_____

Recommendations

2

Recommendations for physical activity: ◯ Unlimited ◯ Limited

Explanation: _____

Do you have any recommendations regarding the care of this student? ◯ Yes ◯ No

If so, what? _____

Is the patient now under treatment for any medical condition? ◯ Yes ◯ No

Diagnosis: _____

Is the patient now under treatment for any mental health condition? ◯ Yes ◯ No

Diagnosis: _____

Were any sleep issues addressed today? ◯ Yes ◯ No

Explanation: _____

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Tuberculosis Risk Factors Assessment

Students from endemic regions should not have TB testing prior to arrival on campus. Testing will be done upon arrival.

Persons with any of the following are candidates for either Mantoux tuberculin skin test or Interferon Gamma Release Assay, unless a previous positive test has been documented.

Persons with no known risk factors should complete this form, but DO NOT need testing.

3

Recent close contact with someone with infectious TB disease ◯ Yes ◯ No

Foreign-born from, or travel to endemic region (Africa, Asia, Russia, Eastern Europe, Central or South America) ◯ Yes ◯ No

Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease ◯ Yes ◯ No

HIV/AIDS ◯ Yes ◯ No

Organ transplant recipient ◯ Yes ◯ No

Immunosuppressed (equivalent of >15mg/day of prednisone for >1 month, or TNF-a antagonist) ◯ Yes ◯ No

History of illicit drug use ◯ Yes ◯ No

Resident, employee, or volunteer in a high-risk congregate setting (e.g. correctional facilities, nursing homes, homeless shelters, hospitals, etc.) ◯ Yes ◯ No

Medical condition associated with increased risk of progressing to TB disease ◯ Yes ◯ No

If infected, list name of disease: _____

Does the student have signs or symptoms of active tuberculosis disease? ◯ Yes ◯ No

If **No** to all of the above, no testing is needed. If **Yes** to any question, proceed with additional evaluation to exclude active or latent tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

Tuberculin Skin Test (TST)

Should be recorded as millimeters of induration, transverse diameter*

4

Date given: ____ /____ /____ Site: ◯ L ◯ R forearm Date read: ____ /____ /____ Result: ____mm induration

Date given: ____ /____ /____ Site: ◯ L ◯ R forearm Date read: ____ /____ /____ Result: ____mm induration

>5mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking >15 mg/d of prednisone for >1 month, taking a TNF-a antagonist
- Persons with HIV/AIDS

>10mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate setting
- Medical condition associated with increased risk of progressing to TB disease

>15 mm is positive:

- Persons with no known risk factors for TB disease

Interferon Gamma Release Assay (IGRA)

5

Date obtained: ____ /____ /____ Method: _____ Result: ◯ Negative ◯ Positive ◯ Intermediate

Date obtained: ____ /____ /____ Method: _____ Result: ◯ Negative ◯ Positive ◯ Intermediate

Chest X-Ray

Required if TST or IGRA is positive

6

Date of chest x-ray: ____ /____ /____ Result: ◯ Normal ◯ Abnormal — please specify: _____

Provider Signature

Signature required

7

Signature of medical provider:

	Date

◯ MD ◯ DO ◯ PA ◯ NP

Phone number: _____

Provider's clinic stamp

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