

ACCS Institution: LAWSON STATE COMMUNITY COLLEGE

This portion is to be completed by a Physician.

Height _____ Weight _____ Skeletal Size: Small ___ Medium ___ Large ___ EL ___
 B/P _____ Pulse _____ Respiration _____ Temperature _____

Laboratory Findings

Hemoglobin or Hematocrit _____ WBC _____ Serology _____
 Urine: Sp.Gr _____ Alb _____ Sugar _____

Eyes		
Do you wear glasses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you wear contacts?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Distant Vision	Without glasses	R20/
	With glasses	R20/
Near Vision	Without glasses	R20/
	With glasses	R20/

Ears			
Hearing normal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are drums intact?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Head, Neck and Face	Normal ()	Abnormal ()
Nose and Sinuses	Normal ()	Abnormal ()
Mouth and Throat	Normal ()	Abnormal ()
Teeth	Normal ()	Abnormal ()
Lungs and Chest	Normal ()	Abnormal ()
Heart	Normal ()	Abnormal ()
Vascular System	Normal ()	Abnormal ()
Abdomen	Normal ()	Abnormal ()
Endocrine System	Normal ()	Abnormal ()
Female: Breast	Normal ()	Abnormal ()
Female: Pelvic	Normal ()	Abnormal ()
Male: Genital	Normal ()	Abnormal ()
Male: Hernia	Normal ()	Abnormal ()

Present Health: _____ Good _____ Fair _____ Poor _____ Date of exam: _____ / _____ / _____

I certify that the above information is true.

Physician's Signature _____

Student's Signature _____

Complete and return to: Lawson State Community College
 3060 Wilson Road, S.W.
 Birmingham, AL 35221
 Attn.: Admissions Office

TO BE COMPLETED BY COLLEGE OFFICIAL
 Date Received: _____
 Signature: _____