



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

Mailing Address:

Office of Student Affairs

6850 Lake Nona Boulevard, Suite 115

Orlando, FL 32827

(407) 266-1353 **Phone**

(407) 266-1399 **FAX**

PHYSICAL EXAMINATION VERIFICATION
TO BE COMPLETED AND RETURNED BY PHYSICIAN DIRECTLY TO ABOVE ADDRESS

To Be Completed by Student (Please Print)

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY #

DATE OF BIRTH (MM/DD/YEAR)

Do you have any health problems or concerns of which UCF Student Health Services should be aware?

☐ **Yes**

☐ **No**

If you wish to receive care for the above problems or concerns at UCF Student Health services, it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary.

Student Signature

Date

To Be Completed by Physician

A thorough history and physical examination were completed on the above named individual, with the following results:

☐ All findings were within normal limits

☐ Follow-up care is required; patient was advised

Physician Signature

Print Name

Date

Facility Name (Please Print)

Office Phone Number

Address

City & State

Zip Code