

Mailing Address:
Office of Student Affairs
6850 Lake Nona Boulevard, Suite 115
Orlando, FL 32827-7408

(407) 266-1353 **Phone** (407) 266-1389 **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 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	<u> </u>
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 Facility Name (<i>Please Print</i>)	Print Name Office Phone Number	Date
Address	City & State	Zip Code