



Arlington Baptist University
"Preparing Worldchangers"

Please send ABU a copy of your physical or have this form filled out by a physician.
MANDATORY FOR ENROLLMENT

Patient's Full Name:					
Date of Birth:		Weight:		Height:	
Blood Pressure:	/	Pulse:		Respiration:	

Please Give Details of Any Abnormal Findings

Head		Neck	
Skin		Eyes	
EENT			
Chest		Heart	
Abdomen		Extremities	
List any additional comments:			

Are you aware of any medical or psychological problems which might affect this student's ability to carry a full load of academic studies? Yes No If yes, please document the nature and the extent of the limitation.

Are you aware of any medical or psychological problems which might affect this student's ability to participate in any physical activities or social events? Yes No If yes, please document the nature and the extent of the limitation.

Release for full participation? Yes No

By signing below, I acknowledge that the information of this document is accurate and complete.

Physician's Name:		Signature:	
Address:		City, State, Zip:	
Phone:		Date:	

Please note: The information you provide on this form is strictly for the use of the Student Services Office and Athletic Department and will not be released to anyone without your knowledge and consent.