New Mexico Military Institute
PHYSICAL EXAMINATION
(To be completed by Physician MD or DO)

PLEASE PRINT

NAME: Last First Middle _____ Date of Birth _____

Height:_____ Weight:_____ Blood Pressure:_____ Pulse:_____

Distant Vision: UNCORRECTED: Right 20/_____ CORRECTED: 20/_____

Left 20/ _____ 20/_____

PHYSICAL EXAMINATION: Please describe each abnormality in the REMARKS section.

Normal	Abnormal		Normal	Abnormal	
		Head, face, neck, scalp			G-U
		Eyes			Hernia
		Ears and hearing			Rectal (visual inspection only)
		Nose and Sinus			Spine (motion, flexibility)
		Mouth, throat, teeth, jaw			Upper extremities
		Neck and thyroid			Lower extremities
		Lungs and chest			Feet
		Heart			Neurological
		Vascular system			Skin
		Abdomen and viscera			Tattoos (size and location)

Physician, please describe any noted abnormalities in detail:

_____

_____

_____

_____

_____

_____

Physician: Please ensure that ALL ITEMS, on BOTH pages of the H&P are completed before signing.

Doctor's Signature_____MD/DO Date_____

Printed Name _____ Phone_____

Office Address_____

IMMUNIZATION RECORD

Applicant's Name_____Date of Birth_____

The following immunizations are required, recommended, or suggested for cadets enrolled at NMMI. This form must be completed and signed by the applicant's physician.

Please provide a copy of your original immunization cards from your physician's office or health department.

Vaccine	**Write Date Administered:**				**(Each box represents dose required)**
DtaP					
Polio					
Hep B					
MMR					
Varicella					
Tdap					

Tuberculin Test PPD: (Required only for applicants who live overseas/outside country)

Date of test____/____/____

Negative ____ Positive____

Chest XRAY if positive _____

Treatment if any _____

Meningococcal Vaccine is not required by highly recommended and should be consider for all students.

_____

Physician's Signature

_____

Printed Name

_____

City, State, Zip

_____

Date