

Supplemental Physical Form Attestation

Wellesley College

*This form may be submitted **in lieu of** a copy of your last physical or a provider's health form.*

*You do **NOT** need to submit this form if you have submitted the other documentation.*

*If submitted, this form must be completed and **signed by a provider***



If you are unable to have a physical prior to arrival, fill out the top portion and check the appropriate box under physical exam. You will need a physical at Health Services upon arrival.

Student Name _____ **Date of Birth** _____
Last First MI

Past/current medical diagnoses and hospitalizations	<input type="checkbox"/> NONE
Past/current mental health diagnoses and hospitalizations	<input type="checkbox"/> NONE
Prior surgeries (include dates)	<input type="checkbox"/> NONE
Current specialists with contact information (include therapist, nutritionist, etc.)	<input type="checkbox"/> NONE
Current medications with dose, indication (include IUD, over the counters, Epi Pen)	<input type="checkbox"/> NONE
Allergies (include reaction)	<input type="checkbox"/> NONE
Have you regularly used alcohol, tobacco, nicotine, or marijuana?	<input type="checkbox"/> NONE
Pertinent family history including family member	<input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN/ADOPTED

PHYSICAL EXAM: required of **ALL** incoming students within a year of matriculation (after 8/1/2022).

- ☐ I am unable to have a physical exam done at home and will require one at Health services **OR**
- ☐ I have had a physical exam within the past year (after 8/1/2022) **AND**
- ☐ My provider has filled out/signed the information below

Date of last physical: _____ Ht _____ Wt _____ BMI _____ BP _____ Pulse _____

- Please describe abnormalities on complete physical exam (if exam normal, write "Normal"):

HEALTH CARE PROVIDER: *I have reviewed the student's past medical history, behavioral health history, medications/allergies, TB screening questions, and immunizations and have no concerns at this time.*

Signature _____ **Date** _____

Name (or stamp) _____ **Phone#** _____

Address _____ **Fax#** _____