



UNIVERSITY OF
SOUTH DAKOTA
SCHOOL OF HEALTH SCIENCES

Physical Exam Verification Form

This form verifies that the following student has completed a required physical. The Medical History and Physical Exam Form will remain on file at the physician's office. Please only submit this form to the USD OT Department.

Student Name:

Student has a Medical History and Physical Examination Form on file certifying that the he/she is physically fit to participate in the program and to attend to patients:

Yes No

Physician signature

Date

If the physical was not completed on date signed, please indicate the date the physical was completed: _____

OCCUPATIONAL THERAPY