UNIVERSITY OF
SOUTH DAKOTA
SCHOOL OF HEALTH SCIENCES

SANFORD HEALTH

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 Department of Health Sciences at Amanda.Huber@usd.edu

Student Name: _____

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

_____Yes _____No

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

Date Physical Exam Completed

_____

Printed physician name

_____

Physician signature Date

The Department of Health Sciences supports inclusivity-the state of all-embracing that is culturally attune, and which incorporates the needs and viewpoints of diverse communities to create an environment that feels welcoming to everyone, and where each individual feels he/she is valued.