

University of Delaware
Verification of Routine Physical

This form may be used for the results of the physical examination, or the examining healthcare provider may supply his/her own form on letterhead or a prescription pad. Please include a statement regarding the student's health status at that time. Thank you.

RE: _____
Student Name (please print)

Date of Birth _____

Date: _____

This is to certify that the student named above was seen for a routine physical examination and appears to be free from disease or any impediment which would interfere with normal activity, study, physical effort or participation in clinical practicums. The student is in good general health.

Physical performed by (please print) _____

Physical performed by (signature) _____

Signature of person completing this form if other than examining healthcare provider

Included physicians stamp if available or attach a note written on physician prescription pad.
Thank you.