



Larkin University

College of Pharmacy

Physical Examination Form

Student Name (PRINT)

Date of Birth

Based on review of the patient's medical history and physical exam, it is my professional opinion that the above student is in satisfactory health to participate in required activities as part of the Larkin Health Science Institute College of Pharmacy curriculum and rotations, which will take place in various health care settings such as community pharmacies and hospitals.

Please note that rotations may have site specific requirements (e.g., drug screens, fingerprints, background check, etc.) not covered by this form. In order to participate in rotations, matriculated students are required complete these and other pre-rotation requirements as instructed by the Office of Experiential Education.

Healthcare Provider Name (PRINT) _____ Date ____/____/____

Healthcare Provider Signature _____

Facility Name & Address

