



**FLORIDA INTERNATIONAL UNIVERSITY**  
College of Nursing and Health Sciences  
**History and Physical Form**

To Whom It May Concern:

I have examined \_\_\_\_\_ and I have found him/her  
(Patient's Name)

to be in good health. Based upon my History and Physical of this patient, I believe that he/she will be able to meet the required strength, mobility, motor, hearing, visual and tactile skills required to meet performance standards for the following program:

- FIU Nursing
- Physical Therapy
- Occupational Therapy
- Communication Sciences and Disorders
- Athletic Training
- Health Services Administration
- Other \_\_\_\_\_

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name