

Region XII Seminary Common Application
PHYSICAL EXAMINATION OF APPLICANT FOR THE SEMINARY

To the Examining Physician:

This man is applying to enter a seminary formation program to become a Roman Catholic priest. Awareness of the applicant's overall health is important for admissions personnel to ascertain his capacity for the rigors of seminary formation and a potential lifetime of generous service.

The applicant has given his consent for the release of his application materials (including the results of this physical exam and associated lab work) to the admissions personnel of the (arch)diocese and/or seminary to which he is applying. He is also asked to execute a medical release with your office as may be required. The applicant has been instructed to plan on returning to your office at a later date (after the completion of lab work) to retrieve this completed form.

Please review the applicant's medical history and complete this form, commenting on all affirmative answers and/or deviations from normal, innocent or not (i.e., innocent heart murmurs, varicocele, etc.). Please attach additional sheets as necessary. Anything not noted and found later will be assumed to be a new problem.

Additionally, your examination will be considered a pre-sport physical for participation in intramural athletics.

Thank you for your expertise.

1. APPLICANT NAME

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Birthdate (mm/dd/yyyy)</i>	<i>City, State of Birth</i>	<i>Biological Sex</i>

2. MEDICAL EXAMINATION

I verify that the applicant is a biological male. **Yes** **No**

Height: _____ (inches) Weight: _____ (lbs.) BP _____ Pulse: _____

Overweight: Underweight: Hemoglobin or Hematocrit if indicated _____ gms / %

Visual Acuity with without correction: Right: 20/____ Left: 20/____

Are there any abnormalities of the following systems?

	No	Yes	Please describe fully:
Head, Ears, Nose, Throat	<input type="radio"/>	<input type="radio"/>	
Respiratory	<input type="radio"/>	<input type="radio"/>	
Cardiovascular	<input type="radio"/>	<input type="radio"/>	
Gastrointestinal	<input type="radio"/>	<input type="radio"/>	
Hernia	<input type="radio"/>	<input type="radio"/>	
Eyes	<input type="radio"/>	<input type="radio"/>	
Genitourinary	<input type="radio"/>	<input type="radio"/>	
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	
Metabolic / Endocrine	<input type="radio"/>	<input type="radio"/>	
Neuropsychiatric	<input type="radio"/>	<input type="radio"/>	
Skin	<input type="radio"/>	<input type="radio"/>	

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Is there loss or seriously impaired function of any organ?

No

Yes

If yes, please explain:

Clearance to participate in intramural sports will be based upon the provider's recommendations for physical activity:

Limited

Unlimited

Do you have any recommendations for preserving or promoting the health of the applicant?

No

Yes

If yes, please explain:

Is the applicant now under treatment for any medical or emotional condition?

No

Yes

If yes, please explain:

Additional comments (*attach additional page if necessary*):

No

Yes

3. LAB WORK REQUIRED

The following lab work is required: CMP, CBC, lipid panel, HIV, Hepatitis B and C panel, RPR, Quantiferon TB test, Urinalysis (to include gonorrhea and chlamydia), Urine toxicology screen (to include opioids and cannabis), and any other indicated testing.

Does the lab work yield any positive tests or results outside of their normal range?

No

Yes

If yes, please explain:

4. PHYSICIAN CERTIFICATION

I certify that I have physically examined the applicant as requested, verified that he is a biological male, ordered and reviewed the pertinent lab work, and commented on all affirmative or irregular answers.

Print Name

Date

Signature

Phone

Fax

Address

City

State

Zip