

PHYSICAL EXAMINATION

(Please type or print in black ink.)

A physical examination is required for all student athletes.

Sport / Sports _____

Last Name	First Name	MI	Date of Birth (mo/day/year)	*Social Security Number
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Permanent Address	City	State	Zip Code	Area Code/ Phone Number
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Height _____ Weight _____ TPR _____/_____/_____ BP _____/_____

Vision: Corrected Right 20/____ Left 20/____ Uncorrected Right 20/____ Left 20/____ Color Vision _____ Hearing (Gross) Right _____ Left _____ 15ft. Right _____ Left _____	URINALYSIS Sugar _____ Albumin _____ Micro _____ HGB or HCT (if indicated) _____ STS (may be required by some departments) Date _____ Results _____ Recommendations _____
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Are there any abnormalities? If so, describe fully.	Yes	No	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Genitourinary			
8. Musculoskeletal			
9. Metabolic/ Endocrine			
10. Neuropsychiatric			
11. Skin			
12. Mammary			

- A. Is there loss or seriously impaired function of any paired organs? Yes _____ No _____
Explain _____
- B. Is student under treatment for any medical or emotional condition? Yes _____ No _____
Explain _____
- C. Recommendation for physical activity (P.E., Intramurals, Etc.) Unlimited _____ Limited _____
Explain _____
- D. Is student physically and emotionally healthy? Yes _____ No _____
Explain _____
- E. Is student cleared to participate in intercollegiate competition? Yes _____ No _____
Needs Further Evaluation / Explain _____

Only for students admitted to a HEALTH CARE PROFESSION (i.e. Athletic Training, PA Program)

Based on my assessment of this student's physical and emotional health on (date) _____, he/she appears able to participate in the activities of a health professional in a clinical setting. Yes _____ No _____ If No, please explain _____

Signature of Physician/ Physician's Assistant/ Nurse Practitioner

date

Printed Name of Physician/ Physician's Assistant/ Nurse Practitioner

date

Office Address

Area Code/ Phone Number

* Provision of Social Security Number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.