PHYSICAL EXAMINATION

Students participating in varsity athletics MUST be examined within six months of beginning sports.
All other students should be examined within one year of beginning classes.

Last Name: _____ First Name: _____ DOB: _____

System	Normal	Abnormal	Explanation of Abnormal Findings
Skin	☐	☐	_____
Ears	☐	☐	_____
Eyes	☐	☐	_____
Nose, throat, teeth	☐	☐	_____
Neck, thyroid	☐	☐	_____
Chest, breasts	☐	☐	_____
Lungs	☐	☐	_____
Heart	☐	☐	_____
Heart murmur	☐	☐	_____
Abdomen, liver, spleen, kidneys	☐	☐	_____
Hernia	☐	☐	_____
Genitalia	☐	☐	_____
Pelvic (if indicated)	☐	☐	_____
Rectal	☐	☐	_____
Lymphatic	☐	☐	_____
Extremities, back, spine	☐	☐	_____
Neurological	☐	☐	_____
Psychological	☐	☐	_____

Ht _____ Wt. _____ BP _____ T _____ P _____ R _____

ALLERGIES (please list ALL allergies to medications, foods and other miscellaneous items)

Medications:_____

Food: _____

Other (bees, latex, nuts, seasonal/pollen) _____

MEDICATIONS (include prescriptions, over-the-counter, and herbal)

Name: _____ Dose: _____ Frequency: _____

Name: _____ Dose: _____ Frequency: _____

Name: _____ Dose: _____ Frequency: _____

Name: _____ Dose: _____ Frequency: _____

Is this patient medically cleared to participate in intramural or intercollegiate athletics programs, including contact or collision sports?
☐ YES ☐ NO

Provider Signature: _____ Date of Examination: _____

Provider Name: _____ Phone: _____ Fax: _____

Address: _____

Revised April 2020