

PART II -- PHYSICAL EXAMINATION

(Physical examination form is required for Freshman and Transfer students before the first semester of participation and is good through the remaining years as a Club Sport athlete)

Name _____ DOB _____ Team _____ Year _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting Pulse	Vision R 20/	L 20/ Corrected: Y/N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		
MUSKULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to Club Sports AT's (please indicate any instructions or recommendations here)

Emergency medications required on-site	<input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other: _____
Comments:	History of Concussions: _____ Number of Concussions: _____ Most Recent Concussion: _____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED WITH FOLLOWING NOTATION:** _____
- Cleared **AFTER** documented further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain "reasons" for all that apply): "*Limited Until Date*" when appropriate
 - Not cleared for (specific sports) _____ Until Date: _____
- NOT CLEARED FOR PARTICIPATION Reason** _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part I - Medical History.

Physician Signature: _____ (+MD, DO, LNP, PA). Date** _____

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.