

Physicians Report

Athlete Name _____ Sex _____ Age _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision: Right 20/ _____ Uncorrected / Corrected

Vision: Left 20/ _____ Uncorrected / Corrected Wears: Contact Lenses / Glasses

Tuberculin Skin Test Date _____ Results Positive / Negative

THE FOLLOWING INFORMATION MUST BE FILLED IN AND SIGNED BY A PHYSICIAN (MD)

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Neurological			
Ears/Nose/Throat			
Lymph			
Heart Auscultation in supine position			
Heart Auscultation in standing position			
Heart - lower extremity pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

On the basis of this examination and in the absence of medical reason for disqualification, I judge this individual able to participate in any physical activity he/she chooses including intercollegiate athletics.

Exceptions(if any): _____

This individual is not cleared for physical activity due to: _____

NAME (print) _____

DATE OF EXAM _____

SIGNATURE _____

PHONE # _____