



## PHYSICAL EXAMINATION FORM FOR VARSITY ATHLETES

The **entire form** must be completed. The physical exam must be performed within 6 months of your initial participation, please check with the Athletics Department for the specific date. The form must be completed by a physician or nurse practitioner. **Students missing these requirements will not be medically cleared to participate.**

Last Name:	First:	M:	Sex assigned at birth:	Date of Birth:
Cell Number:				
Medications: Include dosage, attach a separate page if needed				
Allergies: Medications, Food, Material (latex)/Environmental and reactions:				
Past Medical/Surgical History: Attach a separate page if needed				
Cardiac History: Has student ever been diagnosed with any cardiac condition? <u>If yes, please specify and include any documentation from cardiologist</u>				
BP (sitting) _____ / _____ Pulse _____ Ht (in) _____ Wt (lbs) _____ BMI _____				
Systems	Normal	Abnormal Findings		
Head, face, scalp and skull				
Nose and sinuses				
Mouth and throat (Include teeth & gingiva)				
Neck (Include thyroid)				
Ears				
Eyes				
Lungs				
Abdomen (Include hernia)				
G-U System				
Orthopedic				
Skin and lymph nodes (Lesions suggestive of MRSA)				
Neurological/Psychological				
Cardiac				
<b>**EACH BOX MUST BE INDIVIDUALLY CHECKED OFF TO INDICATE IT WAS PERFORMED**</b>				
Precordial Auscultation	Supine			
Murmurs Detected?	Squatting			
	Standing			
	Standing w/ Valsalva			
Femoral and Radial Artery Pulses	exclude coarctation			
Physical Stigmata for Marfan Syndrome? Kyphoscoliosis, high arched palate, pectus excavatum, hyperlaxity, myopia, arachnodactyly, mitral valve prolapse, aortic insufficiency				

\_\_\_\_\_ Cleared for ALL SPORTS, educational activities, and travel abroad

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\_\_\_\_\_ Cleared with the following restrictions: \_\_\_\_\_

\_\_\_\_\_ Student is NOT cleared: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date of exam: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_