UNIVERSITY OF NEW ENGLAND

PHYSICAL EXAMINATION FORM FOR VARSITY AND CLUB ATHLETES

*Varsity Athletes: The **entire form** must be completed, including "Additional Required Exam for Athletic Clearance" portion. 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? **If yes, please specify and include any documentation from cardiologist**

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		

ADDITIONAL REQUIRED EXAM FOR VARSITY ATHLETES ONLY - EACH BOX MUST BE INDIVIDUALLY CHECKED OFF TO INDICATE IT WAS PERFORMED			
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**

_____**Cleared for all educational activities and travel abroad**

_____**Cleared with the following restrictions:** _____

_____**Student is NOT cleared:**_____

Provider's Signature: _____   **Date of exam:** _____

Printed Name: _____   Tel: _____

Address: _____   Fax: _____

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