

MARIAN UNIVERSITY ATHLETIC TRAINING

Physical Examination Record



Directions to the Student–Athlete:

- 1) Please fully complete medical history questionnaire
- 2) Present questionnaire to physician or physician's staff
- 3) Return both questionnaire and physical exam record to athletic training staff prior to participation.

Directions to the Examining Physician:

- 1) Please review and sign medical history questionnaire
- 2) Please complete and sign this physical examination form
- 3) Please clarify any abnormal findings and recommendations
- 4) Please return the completed form to the athlete

Student–Athlete's Name _____ Height _____ Weight _____

Sex Male Female Date of Birth (mm/dd/yy) _____ Sport(s) _____

Pulse _____ BP _____ / _____ Vision: R 20/ _____ L 20/ _____ Corrected Yes No _____

| Medical | Normal | Abnormal Findings |
|-----------------|--------|-------------------|
| Appearance | | |
| EENT | | |
| Lymph Nodes | | |
| Heart | | |
| Pulses/BP | | |
| Lungs | | |
| Abdomen | | |
| Genitalia | | |
| Skin | | |
| Neurological | | |
| Musculoskeletal | | |
| Neck | | |
| Back | | |
| Shoulder/Arm | | |
| Wrist/Hand | | |
| Hip/Thigh | | |
| Knee | | |
| Leg/Ankle | | |
| Foot/Toes | | |

| | | |
|-------|--------------|------------|
| Labs: | Medications: | Allergies: |
| | | |

Assessment:

Recommendations:

- I find nothing in the medical history questionnaire and physical examination to preclude participation. I recommend full participation.
- One or more issues have been identified that need to be addressed prior to participation.
- I do not recommend participation for this individual. See Assessment.

Name of Physician (PRINT) _____ Signature _____

Date _____ Address _____ Phone _____