

Athletic Physical Examination

(EXAMS MUST BE DONE BY A MEDICAL DOCTOR OR OSTEOPATHIC PHYSICIAN)



PLEASE PRINT

This form was developed in accordance with the NCAA Sports Medicine Guidelines and the AHA Recommendation for Cardiovascular Preparticipation Screening of Competitive Athletes

Name _____ Date of Exam _____

Date of Birth _____ Age _____ Sex _____ Sport _____

Height (inches) _____ Weight (lbs.) _____ Brachial Blood Pressure (sitting position) _____ Pulse _____

Vision Right 20/____ Left 20/____

Contact Lens : ____ Yes ____ No

Hearing: (Whispered voice at 10 feet)

Right: ____ Normal ____ Abnormal

Left: ____ Normal ____ Abnormal

Clinical Evaluation

(Are there any abnormalities of the following. Describe.)

- ____ Yes ____ No 1. Scalp, Face, Neck, Thyroid _____
____ Yes ____ No 2. Nose and Sinuses _____
____ Yes ____ No 3. Mouth (tongue, gingivae, teeth) _____
____ Yes ____ No 4. Throat and Tonsils _____
____ Yes ____ No 5. Ears (tims and ext. canals) _____
____ Yes ____ No 6. Eyes (pupils, EOM conjunct.) _____
____ Yes ____ No 7. Lungs and Chest (include breasts) _____
____ Yes ____ No 8. Heart (rhythm, sounds, murmurs) _____
a. Precordial auscultation (supine) _____
(standing) _____
b. Assessment of femoral artery pulses _____
(to exclude coarctation of the aorta) _____
c. Physical stigmata of Marfan syndrome _____
____ Yes ____ No 9. Abdomen and Viscera _____
____ Yes ____ No 10. Hernia _____
____ Yes ____ No 11. Anus and Rectum (prostate if indicated) _____
____ Yes ____ No 12. Endocrine system _____
____ Yes ____ No 13. G-U System _____
____ Yes ____ No 14. Upper Extremity(shoulder, arm, wrist, hand) _____
____ Yes ____ No 15. Lower Extremity(hip, thigh, knee, ankle, foot) _____
____ Yes ____ No 16. Skin, Lymphatic Glands (cervical, inguinal, axillary) _____
____ Yes ____ No 17. Neurologic _____
____ Yes ____ No 18. Pelvic (if deemed necessary) Menstrual Cycle _____
____ Yes ____ No 19. Surgery (ies) _____
____ Yes ____ No 20. Other _____

Drug Allergies, Medications currently prescribed, etc.

I pronounce him/her physically fit to engage in all sports/activities EXCEPT:

(PHYSICIAN'S SIGNATURE)

Return information to:

Athletic Director
North Dakota State College of Science
Wahpeton, ND 58075

Address
Print Last Name
Date