

**FRESNO STATE DEPARTMENT OF ATHLETICS**

**PRE-TRY OUT PHYSICAL**

To be completed by family physician (MD) or health center physician (MD)

**Student Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>BODY PART/AREA</b>	<b>EXAM</b>	<b>COMMENTS</b>
Skin	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	
Mouth/Throat	<input type="checkbox"/>	
Heart/Cardiovascular	<input type="checkbox"/>	
Pulmonary/Lungs	<input type="checkbox"/>	
Abdomen/Gastrointestinal	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **B.P.** \_\_\_\_\_ **Pulse** \_\_\_\_\_

**To be completed by student wishing to tryout.**

**Please fill out the information below prior to seeing physician.**

**Head Trauma/Concussion**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Neck/C-spine**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Shoulder**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Elbow**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Wrist/Hand**

History of Injury      Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

**Low Back**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Hip/Thigh**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Knee**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Ankle/Foot**

History of Injury      Yes  No

Explain: \_\_\_\_\_

**Asthma?** Yes  No

**Do you regularly use an inhaler?** Yes  No

**Do you have chest pain or get dizzy while exercising?** Yes  No

**Recommendations/Comments:**

\_\_\_\_\_  
\_\_\_\_\_

- Pass without restrictions
- Pass with restrictions: \_\_\_\_\_
- Further evaluation needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Examining Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examining Physicians Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

***Please note that if you are selected to join an Intercollegiate Athletic Team at Fresno State you will need to have a physical by our Medical Staff prior to any team activity.***