

GONZAGA UNIVERSITY ATHLETE PHYSICAL EXAMINATION FORM (TO BE COMPLETED BY A PHYSICIAN)

NAME: Last _____ First _____ SS# _____ Sport _____

LOCAL ADDRESS: _____ CITY _____ ST _____ ZIP _____

PHONE: (____) _____ DATE OF BIRTH: ____/____/19____ Year in school 1 2 3 4 5

Examination date: _____

Previous orthopedic surgery: Yes € No €

1. Tetanus immunization date: _____
2. Labs: Urine: Protein _____ Glucose _____
Blood – HCT(W) _____

Freshman and Transfers Only, NCAA requirement:

Sickle Cell :Trait _____ No Trait _____

Please see attached form

3. Height: _____ Weight: _____ # %BF _____
Eyes: R 20/____ L 20/____ with / without correction
Pupils: R > = < L Contacts: Yes/No
Soft/Hard/Disp. _____
Pulse (resting) _____ BP (sitting) _____
4. Ears _____ Nose _____ Throat _____
5. Heart _____ Lungs _____
6. Breasts (W) _____
7. Abdomen _____
8. Genitalia (M) _____ Hernia (M) _____
9. Dental _____
10. Laboratory tests – normal € abnormal €

Orthopedic evaluation:

(key:0 = normal/negative + = abnormal (with degree))

Neck/back _____

Upper extremities _____

	Right / Left
<i>Shoulder</i> – Instability	_____/____
AC Prominence	_____/____
<i>Knees - Effusion</i>	_____/____
Patella – Tenderness	_____/____
Crepitus	_____/____
Q Angle	_____/____
Apprehension Test	_____/____
Quadriceps (VMO)	_____/____
Medial Collateral Lgmt. @ 0°	_____/____
@ 30°	_____/____
Lateral Collateral Lgmt. @ 0°	_____/____
@30°	_____/____
Anterior Cruciate Lgmt. – Drawer	_____/____
Lachman	_____/____
End Point?	_____/____
Pivot Shift	_____/____
Posterior Cruciate Lgmt.-Drawer	_____/____
Medial Meniscus Signs	_____/____
Lateral Meniscus Signs	_____/____
<i>Ankles</i> – Inversion	_____/____
Anterior Drawer Sign	_____/____

Comments: _____

Hips/Legs _____

Feet _____

Comments on above _____

Exam results to be filled out by physician

- PASSED
- PASSED WITH CONDITIONS
- PASSED WITH RESERVATIONS
- FAILED WITH CONDITIONS
- FAILED

Physician stamp (or attach business card) REQUIRED ABOVE

Reviewed by signature _____ date _____

FLEXIBILITY/ROM
Right Left

Hamstrings	_____/____
Apply's Scratch Test	_____/____
Ankle Dorsiflection	_____/____
Iliopsoas	_____/____
30 second Crunch	_____/____
Sit and Reach	_____/____
Butterfly	_____/____

Sickle Cell Test Documentation

Student-athletes who are beginning their initial season of eligibility and students who are trying out for a team must undergo a pre-participation physical **which shall include a sickle cell solubility test (SST)**, unless documented results of a prior test within the last six months are provided to the institution or the individual declines the test and signs a written release.

Please deliver the results with your physical or have your Dr.'s office fax the results to Gonzaga University Athletic Training Room, 509-313-5789. Please be aware that test results take at least 7-10 days to get. Please schedule your physical accordingly.

I authorize my physician to release the results of my tests to the Gonzaga University team physician(s) and their designees (athletic trainers, etc.).

Student-Athlete Signature

DATE

I decline the sickle cell test as I have had the test previously. **(Please provide documented results of prior test within the last six months to Gonzaga University Athletic Training)**

Student-Athlete Signature

DATE

I decline to have the sickle cell test.

Student-Athlete Signature

DATE