



SPORTS PREPARTICIPATION PHYSICAL EXAM

ATHLETE'S NAME: _____ DATE OF EXAM: _____

DOB: _____ SS#: _____ SPORT: _____

HEIGHT:	WEIGHT:	BP:	HR:
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LABORATORY TESTS: (HGB/HCT AND UA)			
HGB OR HCT: _____	URINALYSIS: GLUCOSE: _____	PROTEIN: _____	BLOOD: _____ OTHER: _____

VISION	LEFT:	RIGHT:
UNCORRECTED	20/	20/
CORRECTED	20/	20/
CONTACTS? Y N		
GLASSES? Y N		

PHYSICAL EXAMINATION	NORMAL	ABNORMAL	DESCRIBE ABNORMALITIES
1. Skin/Lymph nodes:			
2. Head/Neck/Thyroid			
3. Eyes:			
4. Ears/Hearing			
5. Nose/Throat/Sinuses:			
6. Mouth/Teeth/Gingiva:			
7. Lungs/Chest:			
8. Heart/Cardiovascular			
9. Abdomen:			
10. Genitalia/Hernia:			
11. Neurological:			
12. Musculoskeletal:			
a. Spine			
b. Shoulder			
c. Elbow			
d. Wrist/Hand			
e. Hip/Pelvis			
f. Knee			
g. Ankle/Leg			
h. Foot			

Is the individual currently under treatment for any medical or emotional condition? YES _____ NO _____

If yes, please specify: _____

Please list any previous history of or if currently taking any medications, allergies to any medications, foods, etc. Include any recent surgery, history of diabetes, seizure disorders, or any continuing treatable condition.

Allergies: _____

Medications and Supplements: _____

Medical Alerts: _____

******Student-Athlete Document Responsibility******

The student-athlete's documentation from the prescribing physician to the athletics departments/sports medicine staff should contain a minimum of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately:

- A. Description of the evaluation process which identifies the assessment tools and procedures.
- B. Statement of the Diagnosis, including when it was confirmed.
- C. History of ADHD treatment (previous/outgoing).
- D. Statement that a non-banned ADHD alternative has been considered if a stimulant is currently prescribed.
- E. Statement regarding follow-up and monitoring visits.

OVERALL PHYSICAL EXAMINATION RESULTS:

I hereby certify that each examination listed above was performed by me or an individual under my direct supervision with the following conclusion(s):

RESULTS	CHECK ONE	COMMENTS
PASSED WITHOUT LIMITATIONS <small>No clear contraindication to sports participation</small>		
PASSED PENDING THE FOLLOWING:		
FAILED DUE TO THE FOLLOWING:		

At this date, I can find no physical abnormality that would deter this student from fully participating in any and all collegiate sports. YES _____ NO _____

Name of Practitioner (please print or stamp) _____

Address _____

Practitioner's Signature: _____ Date: _____