

# University of Texas – Pan American Report of Health Evaluation

(The following form needs to be completed and signed a physician prior to sport participation)

Last Name (Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sport \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Student ID # \_\_\_\_\_

		<b>Vision:</b>		
Height:	Weight:	Corrected Vision:	<b>YES</b>	<b>NO</b>
Blood Pressure:		Near Sited:	<b>YES</b>	<b>NO</b>
Pulse:	Respiration:	Far Sited:	<b>YES</b>	<b>NO</b>
		<b>Right</b>	<b>Left</b>	<b>Both</b>
		20/	20/	20/

<b>Immunizations (Required to be up-to-date)</b>			<b>Urinalysis:</b>	
Diphtheria & Tetanus:			Glucose	
Polio (Under 19)			Protein	
Measles (Rubeola)			Specific Gravity	
Rubella			PH	
Mumps			Hematocrit	
Tuberculin Skin Test	Pos.	Neg.	Date:	
Chest X-Ray	Pos.	Neg.	Date:	

Are there any abnormalities of the following systems? If yes, describe fully.

System	Yes	No	Details
Head, Ears, Nose, or Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Neurological			
Skin			
Hernia			
Eyes			
Genitourinary			
Metabolic/Endocrine			
Teeth & Tongue			
Spine			
Shoulders			
Elbows & Hands			
Hips			
Knees			
Feet & Ankles			

Is there loss or seriously impaired function of any paired organ?  Yes  No

Is this student-athlete currently under treatment for any medical or emotional condition?  Yes  No

Do you have any recommendations regarding the care of this student-athlete?  Yes  No

**I certify that I have reviewed the history and examined the above student-athlete and I recommend:**

- Clearance for athletic participation with no limitations.
- Clearance pending further evaluation or testing. (Please explain)
- Referral to other healthcare professional prior to clearance. (Please explain)
- Clearance with limitations. (Please explain)
- Disqualified from competition. (Please explain)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Examining Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_