

XAVIER UNIVERSITY
RECREATIONAL SPORTS DEPARTMENT
CLUB SPORT PHYSICAL EXAM FORM



Name _____ Date _____

Date of Birth _____ Gender M F

Academic Year Fresh Soph Junior Senior Grad

Sport _____

To Be Completed By Physician:

Current Complaints _____

Past Medical History _____

Past Sports Related Injury History _____

Current Medications _____

Medical Exam BP _____ HR _____ RR _____ Weight _____

HEENT Neg Positive _____

Lungs Neg Positive _____

Heart Neg Positive _____

Abdomen Neg Positive _____

Mus/Skel Neg Positive _____

____ Medically cleared for Sports ____ Referred for further evaluation

Physician Signature _____