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 ______________________________________________

rev 04/07 pl