



Colby College Sports Medicine
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PHYSICAL EXAMINATION FORM

Due Date: July 15th, 2023

If you are participating or considering participation in a Varsity Sport or a Rugby Club Team:

- This form must be completed by a healthcare practitioner, not a family member. **NO other physical exam form will be accepted.**
- Physical exams must be **performed on or after March 15, 2023** per NCAA rules.
- Student Athletes missing these requirements will not be medically cleared to participate.

Last Name: _____		First: _____		M: _____		Sex assigned at birth: M__ F__		Date of Birth: ____/____/____ (month/day/year)	
Medication	Dose	Frequency	Medication	Dose	Frequency				
_____	_____	_____	_____	_____	_____				
Patient allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please List: _____ Patient allergic to any stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please List: _____ Patient allergic to any foods? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please List Food(s) and Reaction: _____ Patient carry an Epinephrine Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what allergy? _____									
Past Medical/Surgical History: Prior Diagnosis of COVID-19 within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Diagnosis: _____ Complications or prolonged illness/return to play (>1 month)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to above question, then please state: _____ Cardiac History: Patient ever been diagnosed with any cardiac condition? <input type="checkbox"/> Yes <input type="checkbox"/> No **Please specify condition and include any documentation from cardiologist									
Sitting BP ____/____ Pulse ____ Ht. ____ Wt. ____ BMI ____ Vision: R 20/____ L 20/____ Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Systems (All lines must be checked)	Normal	Abnormal Findings	Cardiac Exam (All boxes checked)	Normal	Abnormal Findings
Head, face, scalp and skull			Murmurs Detected?		
Nose and sinuses			Supine		
Mouth and throat (Include teeth & gingiva)			Squatting		
Neck (Include thyroid)			Standing		
Ears (Hearing normal?)			Valsalva		
Eyes (Pupils equal?)			Femoral & Radial Artery Pulses Simultaneous?		
Lungs			Physical Stigma for Marfan Syndrome? (kyphoscoliosis, high arched palate, pectus excavatum, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Abdomen (Include hernia for males)			Student diagnosed with sickle cell trait? <input type="checkbox"/> Yes <input type="checkbox"/> No		
G-U System (Males only)					
Orthopedic (ROM & strength of neck, back, upper and lower extremities & duck walk)					
Skin (Lesions suggestive of MRSA, tinea corporis)					
Lymph Nodes					
Neurological					

Cleared for all sports, activities, or program of study or travel abroad ☐Yes ☐No

If restricted or future evaluation/treatment needed, please list: _____

Student athlete is NOT cleared (list reason) _____

Physician/Practitioner Signature _____

Date of Exam _____

Printed Name _____

TEL _____

Address _____

FAX _____