PHYSICAL EXAMINATION FORM: Return by July 17th

- This form must be completed by a healthcare provider, not a family member. Other physical exam forms will not be accepted.
- **Varsity and Rugby Club Athletes:** The entire form must be completed, including “Required Exam for Athletic Clearance” portion. Physical exam must be performed on or after April 1, 2017 per NCAA rules. Students missing these requirements will not be medically cleared to participate.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First:</th>
<th>M:</th>
<th>Sex assigned at birth:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

**Medications:** include dosage

**Allergies:** Medications, Food, Material (latex)/Environmental and reactions:

**Past Medical/Surgical History:** please specify

**Cardiac History:** Has student ever been diagnosed with any cardiac condition?  **If yes, please specify and include any documentation from cardiologist**

<table>
<thead>
<tr>
<th>BP (sitting)</th>
<th>Pulse</th>
<th>Ht (in)</th>
<th>Wt (lbs)</th>
<th>BMI</th>
</tr>
</thead>
</table>

**Systems**

- **Head, face, scalp and skull**
- **Nose and sinuses**
- **Mouth and throat** (Include teeth & gingiva)
- **Neck** (Include thyroid)
- **Ears**
- **Eyes**
- **Lungs**
- **Abdomen** (Include hernia)
- **G-U System**
- **Orthopedic**
- **Skin and lymph nodes** (Lesions suggestive of MRSA)
- **Neurological/Psychological**
- **Cardiac**

**PRELIMINARY EXAM FOR ATHLETIC CLEARANCE - EACH BOX MUST BE CHECKED**

- **Precordial Auscultation**
  - Supine
  - Murray Detected?
  - Squatting
  - Standing
  - Standing w/ Valsalva
  - Femoral and Radial Artery Pulses
    - exclude coarctation
  - Physical Stigmata for Marfan Syndrome?

<table>
<thead>
<tr>
<th>Cleared for all sports, activities, or program of study or travel abroad</th>
<th>Cleared with the following restrictions:</th>
</tr>
</thead>
</table>

**Is followup by a College practitioner indicated?**

**Physician’s Signature** ____________________________ **Date of exam:** ____________________________

**Printed Name** ____________________________ **Tel:** ____________________________

**Address** ____________________________ **Fax:** ____________________________

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*Please include copy of immunization record*