Colby Health Services
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PHYSICAL EXAMINATION FORM

Due Date: July 15th, 2021

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, 2021** 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? ☐Yes ☐No If Yes, please List: _____

Patient allergic to any foods? ☐Yes ☐No If Yes, please List Food(s) and Reaction: _____

Patient carry an Epinephrine Pen? ☐Yes ☐No

Past Medical/Surgical History:

Diagnosed with COVID-19? ☐Yes ☐No Date of Diagnosis: _____

Cardiac History:
Patient ever been diagnosed with any cardiac condition? ☐Yes ☐No
***Please specify condition and include any documentation from cardiologist*

Sitting BP ___/ ____ Pulse ____ Ht. _____ Wt. _____ BMI _____ Vision: R 20/___ L 20/____ Corrected? ☐Yes ☐No

Systems (All lines must be checked)	Normal	Abnormal Findings
Head, face, scalp and skull		
Nose and sinuses		
Mouth and throat (Include teeth & gingiva)		
Neck (Include thyroid)		
Ears (Hearing normal?)		
Eyes (Pupils equal?)		
Lungs		
Abdomen (Include hernia for males)		
G-U System (Males only)		
Orthopedic (neck, back, upper and lower extremities)		
Skin and lymph nodes (Lesions suggestive of MRSA, tinea corporis)		
Neurological/Psychological		

Cardiac Exam (Athletes must complete)	Normal	Abnormal Findings
Murmurs Detected?		
Supine		
Squatting		
Standing		
Standing w/Valsalva		
Femoral & Radial Artery Pulses? *Exclude coarctation*		
Physical Stigma for Marfan Syndrome? (kyphoscoliosis, high arched palate, pectus excavatum, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)		

Student diagnosed with sickle cell trait? ☐Yes ☐No

Cleared for all sports, activities, or program of study or travel abroad ☐Yes ☐No **If restricted please list**: _____

Student athlete is NOT cleared (list reason)_____

Physician/Practitioner Signature_____ Date of Exam_____
Printed Name_____ TEL_____
Address _____ FAX_____
_____

Please include copy of Immunization Record