2014–2015

Physical Examination Record

REQUIRED FOR STUDENT ATHLETES ONLY

CONFIDENTIAL RECORD: INFORMATION CONTAINED HERE WILL NOT BE RELEASED EXCEPT WHEN YOU HAVE AUTHORIZED US TO DO SO

The physical exam must take place **after June 1, 2014** in order to remain valid throughout the 2014-15 athletic seasons.

This side to be completed by student or student's parent or guardian.

Sport(s) _____ Social Security No. _____

Student's Name _____ Gender: ○ Male ○ Female

Home Address _____

Date of Birth _____ Class _____ Athlete's Cell Phone _____

Emergency Contact _____ Relationship _____Telephone _____

Address (if different from above) _____
STREET ADDRESS CITY STATE ZIP

Family Physician _____
NAME STREET ADDRESS CITY STATE ZIP

If student is not yet 19 years of age, this side must be completed by a parent or guardian before a physical examination can be given.

MEDICAL HISTORY

Diseases (Check if yes)

____ Asthma
____ Diabetes
____ Cardiac/Heart Problems
____ Mononucleosis
____ Hepatitis
____ Epilepsy
____ High Blood Pressure
____ Kidney Disease
____ Bleeding Disorder
____ Tuberculosis
____ Sickle Cell
____ Hernia
____ HIV/AIDS
____ others

1. Please explain any "yes" answers to the diseases noted above. (Dates/current condition/etc.)

_____
_____
_____
_____
_____

2. Current medications:

_____
_____
_____
_____

3. Limitations/restrictions:

_____
_____
_____
_____
_____

4. Food/medication/sting/bite or other known allergies:

_____
_____
_____
_____
_____

ORTHOPEDIC HISTORY

Please check and describe any that apply:

1. General
____ sprains
____ strains
____ fractures
____ subluxations
____ ligament injuries
____ dislocations

2. Specific
____ Skull
____ Concussions (#___)
____ Face injury
____ nose
____ eye
____ ear
___ Spine
___ neck
___ lower back

___ abdominal
___ chest & ribs
___ foot
___ ankle
___ knee
___ upper leg
___ lower leg
___ hip
___ pelvis
___ hand
___ wrist
___ forearm
___ elbow
___ upper arm
___ shoulder

1. Description (Body part/side/specific injury/date/current condition/etc.)

_____
_____
_____
_____
_____

2. Surgical Procedure (Body part/side/date/current condition/etc.)

_____
_____
_____
_____
_____

3. Any other current or severe injury not already listed?

_____
_____
_____
_____
_____

This side was completed by: Signature_____ Date _____

THIS SIDE TO BE COMPLETED BY A PHYSICIAN (MD, DO, PA-C, or APRN)

Physical Examination

Weight _____ Ears: Right _____

Height _____ Left _____

Eye: OS _____ Nose _____

OS _____ Neck _____

Thorax (deformity) _____

_____

Heart pulse _____ Auscultation _____

Blood Pressure _____ Blood Type _____

Lungs _____

Abdomen (scars, masses, etc.) _____

Hernia _____

Rectum _____

Lower Extremities (range of motion, alignment, scars) _____

Neurological Screening

	BJ	TJ	KJ	KJ	Finger-nose	Babinski
Right						
Left						

Tetanus Record

Tetanus (date of last shot) _____ Toxid (date of last shot) _____

Participation Status

____ Full participation

____ Limited participation (explain below)

____ No participation

Please indicate which sports (if any) this person should *not* participate in: _____

_____

_____

Comments: _____

_____

_____

_____

Physician who administered this examination (must be an MD, DO, PA-C, or APRN)

Physician Name (please print) _____

Physician Address _____

STREET ADDRESS CITY STATE ZIP

Physician Signature _____ Date _____

❑ Medical Doctor ❑ Doctor of Osteopathy ❑ Physician Assistant ❑ Advanced Practice Registered Nurse

CONCORDIA

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.

CONCORDIA UNIVERSITY, 800 N. COLUMBIA AVENUE, SEWARD, NE 68434