



2012-13
Physical Examination Record
 FOR INTERCOLLEGIATE SPORTS PARTICIPATION

Confidential Record: Information contained here will not be released except when you have authorized us to do so.

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 than 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
- Mononucleosis
- Hepatitis
- Epilepsy
- High Blood Pressure
- Kidney Disease
- Allergies
- Heart Disease
- Bleeding Disorder
- Influenza
- Tuberculosis
- Sickle Cell
- Recurrent boils
- Hernia
- Tetanus booster others _____

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

2. Current medications:

3. Limitations/restrictions:

ORTHOPEDIC HISTORY Please check and describe any that apply:

1. General

- sprains
- strains
- fractures
- subluxations
- ligament injuries
- dislocations

2. Specific

- Skull
- fracture
- concussions (# _____)
- Face injury
- eye
- ear
- nose
- Spine
- neck
- lower back
- shoulder
- upper arm
- elbow
- forearm
- wrist
- hand
- pelvis
- hip
- upper leg
- knee
- lower leg
- ankle
- foot
- chest and ribs
- abdominal

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

2. Surgical Procedures (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.

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, atrophy, scars) _____

Neurological screening

Bj

Tj

Kj

Kj

Finger-nose

Babinski

Right _____

Left _____

Urine

Color _____

Optional drug screen

Cocaine _____

Sp Gr _____

Crack _____

Sugar _____

Morphine/Heroin _____

Albumin _____

PCP _____

Micro _____

Amphetamines _____

Tetanus record

Tetanus (date of last shot) _____

Toxid (date of last shot) _____

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

Comments: _____

Physician who administered this examination

Physician Name (please print) _____

Physician Address _____

STREET ADDRESS

CITY

STATE

ZIP

Physician Signature _____ Date _____



Please return to:
Athletic Office
Concordia University
800 N. Columbia Avenue
Seward, NE 68434