



Physical Examination

(must be completed by Physician, ANP, PAC)

Patient's Full Name (print) _____

Vitals: TPR _____ ° F _____ BPM _____ RPM BP _____ / _____ mm/Hg

WT _____ lbs HT _____ feet _____ inches

Body System/Region/Part	Within Normal Limits	Abnormal (Explanation): If any abnormality is known, please include the appropriate supplemental documentation with this form.
Nervous		
Circulatory/Cardiovascular		
Muscular/Skeletal		
Integumentary		
Respiratory		
Digestive		
Urinary/Reproductive		
Endocrine		
Lymphatic		
ENT/Eyes/Oral		
Other pertinent medical information not listed above		
Any conditions that would prevent normal activity as an athletic training major (see technical standards) or participation in physical activities or sports?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Further Testing Needed Explain:	
Sickle Cell Trait test results are required by the NCAA for all student athletes. Read attached resource sheet.	Attach Sickle Cell Trait test results to this form. Student athletes will not be permitted to practice in any capacity until Sickle Cell Test results are on file.	

Required Information for Consultation or Verification

Facility Name _____

Facility Address _____

Facility Phone _____ Facility Fax _____

Health Care Provider (Print Name) _____ Date _____

Health Care Provider Signature _____