

<b>Student Name:</b> _____ <b>Birthdate:</b> ____/____/_____ <b>PBA ID#:</b> _____	<b>Do you intend on participating in any inter-collegiate sports?</b> <input type="checkbox"/>
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**PHYSICAL EXAMINATION**

**A. Vital Statistics:**  
**Gender:**  Male  Female **Ht.** \_\_\_\_\_ **Wt.** \_\_\_\_\_ **Pressure** \_\_\_\_/\_\_\_\_ **Temp.** \_\_\_\_\_ **Pulse** \_\_\_\_\_

**B. Health Examination: Normal=N; Abnormal=A**

	Circle	Comments: Abnormal Findings; label by number
1. Appearance	N A	_____
2. Skin/Nose	N A	_____
3. Head/Scalp	N A	_____
4. Eyes	N A	_____
5. Visual Acuity (R&L)	N A	_____
6. Ears	N A	_____
7. Auditory Acuity (R&L)	N A	_____
8. Nose/Throat	N A	_____
9. Mouth, Teeth and Gums	N A	_____
10. Chest/Lungs	N A	_____
11. Heart	N A	_____
12. Abdomen	N A	_____
13. Genitals (optional)	N A	_____
14. Musculo-Skeletal	N A	_____
15. Neurological	N A	_____
16. Alertness	N A	_____
17. Emotional/Mental (Behavior Problems)	N A	_____
18. Handicap, Physical/Other (Specify)	N A	_____
19. Activity Restrictions (Specify)	N A	_____
21. Nutrition	N A	_____
22. Other	N A	_____

**C. Health History:** (serious illnesses, injuries: explain) \_\_\_\_\_

**D. Medications:** (Please list all current medications) \_\_\_\_\_

**E. Laboratory:** (if clinically indicated) \_\_\_\_\_

**F. Verification:** (check all that apply)

I certify that this student may participate in all university activities including inter-collegiate athletics.

I certify that this student may participate in all university activities with the following exceptions and/or limitations:

<p><b>G. General Comments:</b> _____</p> <p>_____ Provider Signature</p> <p>_____ Date</p> <p>_____ Print Name</p> <p>_____ Phone</p>	<p style="text-align: center; font-size: small;">PROVIDER OFFICE STAMP-Mandatory</p>
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