VITERBO UNIVERSITY ATHLETIC TRAINING
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HAWKS
ATHLETIC TRAINING

PHYSICAL EXAMINATION FORM

(TO BE COMPLETED ONLY BY LICENSED PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER)

****REQUIRED FOR ALL ATHLETES NEW TO VITERBO UNIVERSITY ATHLETICS****

PATIENT NAME:____ DATE:____________________

DATE OF BIRTH:______________________ AGE:__________________________ SEX:______________________

HEIGHT:______________________________ WEIGHT:______________________ BP:_______________________

HR:__________________________________ RESPIRATIONS:________________

VISION: R 20/_____ L 20/_____ CORRECTED: Y N PUPILS:___________________

		normal	abnormal	comments	initials
CARDIOPULMONARY EXAMINATION:					
	HEART:	_____	_____		
	SYNCOPAL HISTORY:	Y	N		
	LUNGS:	_____	_____		
	PULSES:	_____	_____		
MUSCULOSKELETAL EXAMINATION:					
	HEAD/NECK:	_____	_____		
	UPPER EXTREMITY:	_____	_____		
	CHEST/BACK:	_____	_____		
	PELVIS/HIP:	_____	_____		
	KNEE:	_____	_____		
	ANKLE:	_____	_____		
	FOOT:	_____	_____		
OTHER:					
	NEUROLOGIC:	_____	_____		
	ABDOMINAL:	_____	_____		
	GENITALIA:	_____	_____		
	SKIN:	_____	_____		
	DENTAL:	_____	_____		
	ENT:	_____	_____		
	SICKLE CELL TRAIT:	_____	_____		

PHYSICAL EXAMINATION FINDINGS PERTINENT TO HISTORICAL INFORMATION:

over

REVIEW OF IMMUNIZATIONS COMPLETE: Y N PROVIDER INITIAL: _____

URINALYSIS: WNL: ______________ ABNORMAL: ____________ EXPLANATION

REVIEW OF MEDICAL HISTORY: Y N PROVIDER INITIAL: _____

RECOMMENDATION:

PASS: ______________ FAIL: _______________

RESTRICTIONS: ____

____

____

RECOMMENDATIONS: ____

____

____

HEALTH CARE PROVIDER SIGNATURE:____

PRINTED NAME:____

DATE:____

CLIENT:____

CITY/STATE/ZIP:____________________________________

PHONE:(________)__________________________________

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO VITERBO UNIVERSITY ATHLETIC TRAINING PRIOR TO PARTICIPATION IN ANY VITERBO UNIVERSITY ATHLETIC PROGRAMS.