

# JUDSON UNIVERSITY



## athletic training form *athletics*

### JUDSON UNIVERSITY PHYSICAL EXAMINATION FOR ATHLETICS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex: M F  
 Date of Birth \_\_\_\_\_ (mm/dd/yy) Age \_\_\_\_\_ Height \_\_\_\_\_ (inches) Weight \_\_\_\_\_ (Lbs.)  
 B/P \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Vision Acuity: L \_\_\_\_\_ R \_\_\_\_\_ Corrected Y/N Pupils equal Y/N  
 Last Tetanus Shot \_\_\_\_\_ Sickle Cell Date and Result \_\_\_\_\_  
 Marfan's syndrome stigmata No Yes \_\_\_\_\_  
 Heart Rhythm: Regular Irregular \_\_\_\_\_  
 Heart Murmur: No Yes Standing Sitting \_\_\_\_\_

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Back			
Hip/thigh			
Knee			
Ankle/Leg			
Foot			

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Ears/eyes/nose/throat			
Chest			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen/Pelvis			
Genitalia (Males only)			
Skin			
Other			

Comments or Assessments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLEARANCE IS:** Without Restriction Pending due to \_\_\_\_\_ Deferred due to \_\_\_\_\_

**PRACTICE STATUS:** Full Go Non Contact-Strenuous Non Contact- Non Strenuous Participate As Able No Practice

Physician Name Printed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Name Signed: \_\_\_\_\_ Date: \_\_\_\_\_