

# ATHLETICS PHYSICAL EXAM FORM



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Gender: ☐ M ☐ F

VITALS					
Height	Weight	Pulse	Blood Pressure		

MEDICATIONS					
I take medication for ADD/ADHD (examples: Adderall or Ritalin):      Yes      No					
I have an inhaler for asthma (example: Albuterol):      Yes      No					
<i>If the answer to either of the above questions is "yes," you must upload the completed Doctor's Note form to document these prescriptions:</i> <b><a href="https://mlcknights.com/documents/2024/2/6/Doctors_Note_NCAA.pdf">mlcknights.com/documents/2024/2/6/Doctors_Note_NCAA.pdf</a></b> <i>For more information/list of banned drugs, visit: <a href="https://ncaa.org/sports/2015/6/10/ncaa-banned-substances.aspx">ncaa.org/sports/2015/6/10/ncaa-banned-substances.aspx</a></i>					
List all medications and why you take them below. The NCAA requires the student-athlete to report all medications.					
Medication			Reason		

PHYSICAL EXAM					
Cardiovascular	Normal	Abnormal	Upper Extremities	Normal	Abnormal
Respiratory	Normal	Abnormal	Lower Extremities	Normal	Abnormal
Abdomen	Normal	Abnormal	Flexibility	Normal	Abnormal
Ears/Eyes/Nose/Throat	Normal	Abnormal	Pelvis	Normal	Abnormal
Head/Neck	Normal	Abnormal	Posture	Normal	Abnormal
Spine	Normal	Abnormal	Skin	Normal	Abnormal
Explain any abnormal findings:					
Any general comments or additional information important for the care of this student-athlete:					

This student is:

- ☐ Cleared for full physical activity-no restrictions
- ☐ Cleared for limited participation-please describe restrictions: \_\_\_\_\_
- ☐ Not cleared-please explain: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date of exam: \_\_\_\_\_

Printed Name of Healthcare Provider: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Clinic Address: \_\_\_\_\_