

STUDENT'S NAME _____

PHYSICAL EXAMINATION

Must be completed by physician using this form.

HT: _____ WT: _____ BP: _____ / _____ Blood Type _____	NCAA D3 Athlete only: Sick cell trait _____ Postive _____ Negative _____ Date of test _____ MUST BE COMPLETED PRIOR TO PARTICIPATION IN ATHLETICS AT BELOIT COLLEGE		
INTERNAL & MISCELLANEOUS	NORMAL	ABNORMAL	COMMENTS
EAR/NOSE/THROAT			
CARDIOVASCULAR			
RESPIRATORY			
NEUROLOGICAL			
ABDOMEN			
SKIN			
GENITOURINARY			
OTHER:			

VISION/EYE	R	/	CORRECTED	UNCORRECTED	(circle one)
	L	/	CORRECTED	UNCORRECTED	(circle one)
OTHER:					

ORTHOPEDICS	OK	OK WITH	NOT OK	COMMENTS/RESTRICTIONS ON-GOING
INJURY/PROBLEM: R/ L/ B/ _____ DATES _____				
HEAD/NECK				
SHOULDER				
ARM/WRIST/ELBOW				
HAND/FINGERS				
KNEE				
LOWER LEG/SHINS				
ANKLE				
FEET & ARCHES				
FRACTURES				
DISLOCATION/SEPARATIONS				
REOCCURRING MUSCLE STRAINS				
FLEXIBILITY				
OTHER:				

PHYSICAL ACTIVITY RESTRICTIONS:

Within the limits listed above, this individual is physically fit to attend college. Furthermore, this individual is physically fit to participate in:
(MUST BE CHECKED TO PARTICIPATE) ☐ **Intercollegiate Athletics** ☐ **Intramural Activities**

_____ Medical Doctor's Signature	_____ / _____ / _____ Date	
_____ Address: Number & Street	_____ City	_____ State
_____ Phone: () -	_____ Please print doctor's name	

Zip