



**NJCAA Physical Examination Form**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal	Comments
HEEN			
HEART			
MURMUR			
PULSE			
CHEST			
ABDOMINAL			
HERNIA			
MASSES			
EXTREMITY			

**ORTHOPAEDIC ASSESSMENT**

	Normal	Abnormal	Comments
Neck			
Shoulder			
Elbow			
Wrist & Hand			
Back			
Knee			
Ankle			

I, the undersigned physician, after performing a physical examination upon this individual, find that:

{ } The individual, in my opinion is healthy and able to participate in the indicated sport(s) at the collegiate level.

{ } The individual, in my opinion should NOT be allowed to participate in the indicated sports at the collegiate level.

Reason for disqualification: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date of examination: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_