

**OLD DOMINION UNIVERSITY
ATHLETIC PHYSICAL EXAMINATION FORM**

Name: _____ Sport: _____ Date: _____

Circle Year of Athletic Eligibility: Freshman – Sophomore – Junior – Senior

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

DENTAL CHECK

Comments: _____

Follow-up Needed: YES NO What test(s)? _____

Examiner's Initials: _____

VISION CHECK

Right Eye: _____ Left Eye: _____ Examiner's Initials: _____

Follow-up Needed: YES NO Comments: _____

ENT CHECK

Ears: _____ Nose: _____

Throat: _____ Neck: _____

Follow-up Needed: YES NO What Test(s)? _____

Examiner's Initials: _____

ORTHOPEDIC CHECK

Comments: _____

Follow-up Needed: YES NO What Test(s)? _____

Examiner's Initials: _____

INTERNAL CHECK

Heart: _____

Lungs: _____

Abdomen: _____

Hernia: _____

Follow-up Needed: YES NO What Test(s)? _____

Examiner's Initials: _____

Sickle Cell

Results of sickle cell testing: Negative _____ Positive _____
(Please attach results of testing)