## OLD DOMINION UNIVERSITY ATHLETIC PHYSICAL EXAMINATION FORM

Name:	Sport:	Date:
Circle Year of Athletic Eligibility: Freshman -	Sophomore -	Junior – Senior
Height: Weight:	Pulse:	Blood Pressure:
DES		
•	NTAL CHECK	
Comments:  Follow up Nooded: VEC NO. What test(c)?		_
Follow-up Needed: YES NO What test(s)?		Examiner's Initials:
VI	SION CHECK	
Right Eye: Left Eye:		Examiner's Initials:
Follow-up Needed: YES NO Comments:		
	NT CHECK	
	NT CHECK	
Ears:	Nose:	
Throat:Follow-up Needed: YES NO What Test(s)?	Neck:	
ronow-up recucu. 125 NO what resu(s):		Examiner's Initials:
		Dadimici s'initials.
ORTH	OPEDIC CHE	CK
Comments:		
Follow-up Needed: YES NO What Test(s)?		Examiner's Initials:
		Examiner's initials:
INIDIA	DNAL CHECK	7
Heart:	RNAL CHEC	
Lungs:		
Abdomen:		
Hernia:		
Follow-up Needed: YES NO What Test(s)?		
ronow-up receicu. 125 NO what rest(s):		Examiner's Initials:
Si	ckle Cell	
Results of sickle cell testing: Negative	Positive	

(Please attach results of testing)