

## Clarendon College Athletic Physical Exam

**Please send completed form to: Clarendon College Athletics, PO Box 968., Clarendon, TX 79226**

All athletes must have a yearly physical, the physician must fill out this form completely to be eligible for practice and competition.

**Please print or type**

Name: \_\_\_\_\_ Male  Female  Date of Exam: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

**Sports Participating In:** \_\_\_\_\_

**General Information**

BP: \_\_\_\_/\_\_\_\_ Pulse: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tetanus Booster Date: \_\_\_\_\_ Allergies: \_\_\_\_\_ Medications for Allergies: \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_ Reason: \_\_\_\_\_

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-lower extremity pulses			
Pulses			
Lunges			
Abdomen			
Genitalia (males only)			
Skin			

Musculoskeletal	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**Cardiovascular Screening:**

Have you ever had:

- |  | Yes                      | No                       | <u>Explain</u> |
|--|--------------------------|--------------------------|----------------|
| 1. Any prior occurrence of exertional chest pain, discomfort or syncope/near syncope?  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 2. Excessive, unexpected and unexplained shortness of breath or fatigue?   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 3. Any past detection of Heart Murmur, or an increase in systemic blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 4. Family history of premature death or significant disability from CV disease in any of your close relatives younger than 50 years old? | <input type="checkbox"/> | <input type="checkbox"/> | _____          |

Findings: \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**Recommendations for intercollegiate competition**

Cleared for participation

Not cleared for participation  Explain: \_\_\_\_\_

\_\_\_\_\_  
MD/DO/NP/PA

**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**Student-Athlete Signature Required:** Understands that by signing this form that he or she gives permission to release the Athletic Physical to Clarendon College Athletics for the purpose of sports clearance.

\_\_\_\_\_  
**STUDENT-ATHLETE SIGNATURE (Parent if under 18)**

\_\_\_\_\_  
**DATE**