WESTERN NEBRASKA COMMUNITY COLLEGE ATHLETICS PHYSICAL EXAMINATION FORM

NAME: _______________________________ ACADEMIC YEAR: 1 2 3 SEX: M F

HOME ADDRESS: ___________________________ DATE OF BIRTH: ___________________________

CITY: ___________________ STATE: _______________ ZIP: _______________ COUNTRY: _______________________

PHYSICAL EXAMINATION (TO BE COMPLETED BY PHYSICIAN)

HEIGHT: ________ WEIGHT: ________ BLOOD PRESSURE: ________/_______

VISION: (L) ______/______ (R) ______/______ (B) ______/______ GLASSES: Y N CONTACTS: Y N

SITE EXAMINED NORMAL ABNORMAL FINDINGS INITIALS
EENT
SKIN
HEART
LUNGS
ABDOMEN
GENITALIA
NEUROLOGICAL
MUSCULOSKELETAL
- SHOULDER
-- ARMS
-- ELBOW
- HAND/WRIST
-- SPINE
-- LEG
-- HIP
-- KNEE
-- ANKLE
-- FEET

OTHER FINDINGS: ____________________________________________________________________________

CLEARANCE: (CIRCLE ONE)

A. CLEARANCE WITHOUT RESTRICTIONS
B. CLEARANCE AFTER COMPLETING FURTHER EVALUATION FOR: ________________________________
C. CLEARANCE AFTER REHABILITATION FOR: _________________________________________________
D. NOT CLEARED FOR COMPETITION. REASON: ______________________________________________

WITH THE INFORMATION PROVIDED TO ME AND UPON MY EXAMINATION, I HAVE FOUND NO REASON WHICH WOULD MAKE IT MEDICALLY INADVISABLE FOR THIS STUDENT TO COMPETE IN INTERCOLLEGIATE ATHLETICS.

___________________________________  __________________________________________________________
(PHYSICIAN SIGNATURE)   (PHYSICIAN ADDRESS AND PHONE)

DATE: _______________________________