PHYSICAL EXAMINATION FORM

(To be completed, signed and dated by your Health Care Provider)

Student Name:_____**D.O.B.**_____

Ht:_____ **Wt:**_____ **BP:**_____**P:**_____ **R:**_____ **Last eye**

Visual Acuity: OD 20/ **OS 20/** **exam:**_____/_____/_____ **Contacts**_____ **Glasses**_____

	Norm.	Abn.	N.E.	Comments:
Head				
Eyes				
Teeth				
Neck (incl. thyroids)				
Chest & Lungs				
Heart				
Abdomen				
Genitalia (incl. hernia)				
(Pelvic, if indicated)				
Rectal (if indicated)				
Spine				
Extremities & Joints				
Neurologic				
Skin				
Emotional status				
Urinalysis				

Are you aware of any other pertinent information pertaining to this student's health that has not been addressed in the history and physical? Yes_____ No_____. If Yes, Please elaborate:_____

THE FOLLOWING IS REQUIRED BY ALL MOUNT ST. MARY'S STUDENTS

PPD (Tuberculin Skin Test) **(Date must be within 1 year)**	Date Given_____/_____/_____ Date Read_____/_____/_____ Results: _____mm Chest x-ray (required if TB skin test is positive) Date of chest x-ray _____/_____/_____ Results:_____ Normal_____Abnormal_____
Date of last Td/Tdap Booster (must be within 10 years) _____/_____/_____	
Date of Meningococcal Vaccine _____/_____/_____ Booster Date _____/_____/_____	

oYES o NO This student is a member of an NCAA athletic team. If **YES**, complete this shaded section

☐ This patient is cleared for full participation in NCAA college athletics _____
(Provider's Initials)

☐ This patient is not cleared for full NCAA participation. The following restrictions are in place:_____

The NCAA requires that all NCAA athletes have documentation of their sickle cell trait status

☐ This patient has tested (-) for sickle cell trait. (Please attach documentation)
☐ This patient has tested (+) for sickle cell trait. (Please attach documentation)

☐ This NCAA Student--Athlete agrees to release a copy of this physical to Mount St. Mary's Sports Medicine staff.
(Copies of immunization records are not required by the Sports medicine staff)

_____ _____ _____
(Signature of NCAA Student-Athlete) **(Date)** **(Sport)**

(Provider's Office Stamp Here)

_____ _____
Providers' Signature **Date**