

Northern Essex Community College Athletic Participation Physical Exam Form

Name _____ Date _____ DOB _____

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____

Circle all programs you plan to participate in:

	W. Volleyball	W. Basketball
	M. Basketball	M. Baseball
	Track & Field	

****BOTH SIDES OF THIS FORM AND THE ATTACHED IMMUNIZATION FORM MUST BE FILLED OUT COMPLETELY AND RETURNED!****

Part I – Medical History

This form must be completed by the student and signed, prior to the physical examination, for review by examining physician.

Explain all "Yes" answers below:

- | Yes | No | Has the student had any? | Yes | No | Has the student had any? |
|-----------|-------|--|---|-------|---|
| 1. _____ | _____ | Hospitalizations? | 12. _____ | _____ | Headaches with exercise? |
| 2. _____ | _____ | Surgery? | 13. _____ | _____ | Confusion or memory loss after head injury? |
| 3. _____ | _____ | Chronic or recurrent illness? | 14. _____ | _____ | Epilepsy or other seizures? |
| 4. _____ | _____ | Illness lasting longer than 1 week? | 15. _____ | _____ | Asthma? |
| 5. _____ | _____ | Missing organs? | 16. _____ | _____ | Diabetes? |
| 6. _____ | _____ | Allergies to medications, insects, food, seasonal? | 17. _____ | _____ | Heat exhaustion, heat stroke, or heat cramps? |
| 7. _____ | _____ | Skin problems/disorders? | 18. _____ | _____ | Eyeglasses or contact lenses? |
| 8. _____ | _____ | Problems with heart, blood pressure, or cholesterol? | Females Only | | |
| 9. _____ | _____ | Racing of your heart or skipped heartbeats? | How many periods have you had in the last 12 months? _____ | | |
| 10. _____ | _____ | Chest pain, dizziness, or fainting with exercise? | What was the longest time between your periods last year? _____ | | |
| 11. _____ | _____ | Concussions, unconsciousness, or extremity numbness? | | | |

Please explain all "Yes" answers

List all medications you are currently taking (include birth control pills, asthma inhalers, herbal and sport related supplements.) _____

List injuries and surgeries to the following areas: Please be specific with details and dates.

Back _____

Neck _____

Shoulders _____

Elbows/Wrists/Hands/Fingers _____

Hips/Knees _____

Ankles/Feet/Toes _____

Student's Signature _____ Date _____

Signing this form authorizes the release of physical exam records/information to the Northern Essex Community College Athletic Department

(OVER)

Part II – Physical Examination

To be completed by MD, DO, PA, or ARNP

Athlete's Name _____ DOB _____ Sport Participation _____

Height _____ Weight _____ BP _____ P _____ Vision R: _____ L: _____ Corrective Lenses? Y N

	FINDINGS
Mental/Emotional Status	
HEENT	
Skin	
Neck, Thyroid	
Lungs	
Lymph Nodes	
Abdomen	
Extremities/Spine	
Neurological	
Genitals/Hernia	
Heart (Murmur/Dysrhythmia?)	
Femoral Artery Pulses	
Recognition of Marfan Syndrome	
Pertinent Past Medical History	
Current Medications	
Allergies to Meds/Food/Other	

Additional Comments regarding abnormal findings _____

Athletic Participation Recommendations

I have reviewed the data above, including the athlete's medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS
- Cleared AFTER further evaluation or treatment for _____
- NOT CLEARED due to _____

Other recommendations _____

Physician Signature _____ *Date of Examination* _____
(MD, DO, PA, ARNP)

Examiner's Name and Degree (Print) _____ Phone _____

Address _____ Date Signed _____