

Physical exam

1. ENT Normal Abnormal
Comments: _____

2. Neurological Normal Abnormal
Comments: _____

3. Cardiopulmonary Normal Abnormal
Comments: _____

4. Abdomen Normal Abnormal
Comments: _____

5. Orthopedic Normal Abnormal
Comments: _____

6. Skin Normal Abnormal
Comments: _____

7. Genitalia Normal Abnormal
Comments: _____

Physician Clearance:

Unlimited sports participation Limited to specific sport:

Deferred until: _____

If student not qualified, list reasons for disqualification: _____

*I certify that I have examined the above student and that such examination revealed
(conditions no conditions) that would prevent this student from participating in collegiate sports.*

Physician Signature: _____ **Date:** _____

(MD or DO only)

Name (printed): _____

Address: _____ Phone #: _____
