

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: _____

M.D. 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: _____

Name (printed): _____

Address: _____ Phone #: _____

