

## Hillsdale College Athletic Medicine Physical Examination

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BP:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_

**Vision:** \_\_\_\_\_ **Corrective Lenses:** \_\_\_\_\_ **Contacts:** \_\_\_\_\_

REGION	NORMAL	ABNORMAL	COMMENTS
GENERAL APPEARANCE			
EENT			
LYMPH			
CARDIAC			
LUNGS			
NECK			
NERVOUS			
SKIN			
ABDOMEN			
HERNIA			
BACK/TORSO			
SHOULDER/ELBOWS			
WRISTS/HANDS			
KNEES			
LEGS			
ANKLES			
FEET			
OTHER			

Cleared for :      Full Participation                      Limited Participation

Not Cleared for Participation \_\_\_\_\_

Recommendations: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM**

I, \_\_\_\_\_, the undersigned  
Student-athlete:

- Understand that passing a pre-participation physical examination does not necessarily mean that I am physically qualified to engage in collegiate athletics.
- Understand that while the benefits derived from intercollegiate athletic participation may be great, an element of risk and danger is present during participation and that serious injury paralysis or even death can result.
- Understand that the purpose of the pre-participation physical examination is limited to assessing whether I am capable of participating in collegiate athletics based only upon the information that I have supplied in this form and in the health information form.
- Understand that I must refrain from practice or play while ill or injured, whether or not receiving medical treatment and during medical treatment until I am discharged from treatment or given permission by the clinical practitioner to restart participation.
- Understand that if my condition changes from that indicated on this form, I am required to contact a physician.

In signing this form, I certify that the answers to the questions on this form are correct and true.

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_