

# UNIVERSITY OF WISCONSIN-OSHKOSH SPORTS MEDICINE

## Physical Examination Record



### Directions to the Student-Athlete:

- 1) Please fully complete medical history questionnaire
- 2) Present questionnaire to physician or physician's staff
- 3) Return both questionnaire and physical exam record to athletic training staff prior to participation.

### Directions to the Examining Physician:

- 1) Please review and sign medical history questionnaire
- 2) Please complete and sign this physical examination form
- 3) Please clarify any abnormal findings and recommendations
- 4) Please return the completed form to the athlete

(PLEASE PRINT CLEARLY IN BLUE OR BLACK INK ONLY)

Student-Athlete's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Sex  Male  Female Date of Birth (mm/dd/yy) \_\_\_\_\_ Sport(s) \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected  Yes  No \_\_\_\_\_

Medical	Normal	Abnormal Findings/ Explanation of Findings
Appearance		
EENT		
Lymph Nodes		
Heart (Circle appropriate response/ Explain)		
Rhythm:	<i>Regular</i> <i>Irregular</i>	Femoral Pulses: <i>Normal</i> <i>Diminished</i>
Murmurs:	Yes    No	Marfan's Stigmata: Yes    No
Lungs		
Abdomen		
Genitalia		
Skin		
Neurological		
Musculoskeletal		
Neck		
Back		
Shoulder/Arm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Labs:	Medications:	Allergies:

Assessment:

### Recommendations:

- I find nothing in the medical history questionnaire and physical examination to preclude participation. I recommend full participation.
- One or more issues have been identified that need to be addressed prior to participation.
- I do not recommend participation for this individual. See Assessment.

Name of Physician (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_