

**Cowley County Community College Athletic Department  
Pre-Participation Physical Exam Form**

*All questions are to be answered fully. Incomplete/illegible forms will result in athlete being unable to participate in any team activity until completed.*

**PLEASE CLEARLY PRINT ALL INFORMATION IN BLACK INK**

Full Name \_\_\_\_\_ Date \_\_\_\_\_ Sport(s) \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_ Year in College \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

List All Allergies, Reactions, and Necessary Treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List **ALL** Prescription & Over-the-Counter Medications That You Are **Currently** Taking or **Have Taken** In The Past, & For What Purpose:

**Medication**

**Purpose**

**Dosage**

**Date(s)**

<b><u>Medication</u></b>	<b><u>Purpose</u></b>	<b><u>Dosage</u></b>	<b><u>Date(s)</u></b>

List Any Supplements (including Creatine), Vitamins, Protein Shakes, Weight Loss/Gain Products \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **GENERAL MEDICAL EXAMINATION**

Height	Weight	Vision	Hearing	Blood Pressure	Pulse	Respiration	Evidence of Marfan's
		<b>L</b>	<b>L</b>	<b>/</b>	brachial		Yes
in.	lbs.	<b>R</b>	<b>R</b>		femoral		No

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

		Within Normal Limits	Abnormal	Comments
Skin:	Rashes			
Eyes:	Conjunctiva Fundi E.O.M Pupil Size Light Reflex			
Ears:	Tympanic Membrane Canal			
Nose:	Septal Defect Obstruction			
Throat & Mouth:	Lymph Nodes Tonsils Teeth/Gums			
Lungs:	Breath Sounds			
Heart: (auscultate supine & standing)	Size Rate Rhythm Murmurs			
Abdomen:	Liver Spleen Masses Tenderness			
Genito-Urinary:	Hernia Scrotum Testes Kidneys Pelvic PAP			
Emotional Impression:				
General Impression:				

## **ORTHOPEDIC EXAMINATION**

	History of Injury	ROM/Flexibility	Strength	Laxity/Instability	Neurovascular (Motor, sensory, DTR's, etc.)	Recommendations
Shoulder:						
Elbow:						
Wrist/Hand/Fingers:						
Cervical Vertebrae:						
Thoracic Vertebrae:						
Lumbar Vertebrae:						
Hip:						
Knee:						
Patella:						
Ankle/Foot/Toes:						

I, the evaluating physician, have reviewed the athlete's Medical History Form and have completed a physical examination. I make the following recommendation for this athlete's participation in athletics at Cowley County Community College:

	Check One	Comments
Pass without restrictions		
Pass with limitations		
Fail until further evaluation		
Recommend disqualification		

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name Printed \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip