

# SPORTS PHYSICAL EXAMINATION

DATE OF EXAM \_\_\_\_\_

**Southwestern Illinois College Athletic Department**  
2500 Carlyle Avenue, Belleville, IL 62221

PH 618-235-2700 ext 5450

FX 618-236-9563

<b>Patient</b>	NAME _____	DOB _____
1. Intended Sport(s)	baseball    basketball    golf    softball    volleyball    soccer    other: _____	

## CURRENT/PAST HEALTH INFORMATION

2. Current Medical Problems		Current Medications
3. Past Medical History	Have you had	No    Yes
	a. Previous head/neck injury?	If yes, please explain what, where, and when
	b. Previous seizures?	
	c. Previous broken bones/joint injuries?	
	d. Previous surgeries? (what kind & your age)	
	b. Family history of sudden death under age 50?	

Height _____    Weight _____    BP _____	Visual Acuity with Glasses: R _____ L _____ Both _____	
Pulse: resting _____    15 hops _____	Without Glasses: R _____ L _____ Both _____	
<b>Body System/Area</b>	<b>Normal</b>	<b>Abnormal Findings</b>
Skin (contagious lesions)		
Eyes (fundoscopic)		
Ears		
Lungs		
Heart		
Abdomen		
Genitourinary (hernia, testicular exam, Tanner State)		
Musculoskeletal (gait, scoliosis, joints, strength)		
Neuro (coordination, reflexes)		
<p><i>On the basis of medical history and today's exam, I approve this student's participation in sports activities for one year.</i></p> <p>Yes    No    Limited    Additional comments: _____</p> <p>Signature of Physician _____ Date _____</p>		