

Form 2: Students Applying to Athletic Scholarships

(Note: This form 2 is to be filled by a health care provider)

Date of Birth _____ Name _____

Note to the health care provider:

1. Consider reviewing questions from Form 1
2. Consider providing additional documentation or exams to any answers marked with (*) and answered with Yes or Abnormal

EXAMINATION		
Height (cm) _____ Weight (kg) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
Blood Pressure (mmHg) _____ Resting Pulse (bpm) _____		
Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 		
Lymph nodes		
Reflexes		
Lungs		
Abdomen		
Hernia		
Skin		
Oral cavity / teeth		
Neurologic		
Cardiovascular		
MEDICAL	NO	YES
Does the student have a heart murmur? (*)		
Does the student have a cardiac arrhythmia? (*)		



Physical Examination Form – Medical Clearance

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

In your opinion, is this student medically cleared to participate in all sports?

Yes

No - Explanation: _____

Health care provider information:

Name _____ Date _____

Address _____ Phone _____

Signature and stamp of health care provider _____