



WESTERN NEBRASKA COMMUNITY COLLEGE ATHLETICS PHYSICAL EXAMINATION FORM

NAME: _____

ACADEMIC YEAR: 1 2 3 SEX: M F

HOME ADDRESS: _____

DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHYSICAL EXAMINATION (TO BE COMPLETED BY PHYSICIAN)

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____/_____

VISION: (L) ____/____ (R) ____/____ (B) ____/____ GLASSES: Y N CONTACTS: Y N

SITE EXAMINED	NORMAL	ABNORMAL FINDINGS	INITIALS
EENT			
SKIN			
HEART			
LUNGS			
ABDOMEN			
GENITALIA			
NEUROLOGICAL			
MUSCULOSKELETAL			
- SHOULDER			
-ARMS			
-ELBOW			
-HAND/WRIST			
-SPINE			
-LEG			
-HIP			
-KNEE			
-ANKLE			
-FEET			

OTHER FINDINGS: _____

CLEARANCE: (CIRCLE ONE)

- A. CLEARANCE WITHOUT RESTRICTIONS
- B. CLEARANCE AFTER COMPLETING FURTHER EVALUATION FOR: _____
- C. CLEARANCE AFTER REHABILITATION FOR: _____
- D. NOT CLEARED FOR COMPETITION. REASON: _____

WITH THE INFORMATION PROVIDED TO ME AND UPON MY EXAMINATION, I HAVE FOUND NO REASON WHICH WOULD MAKE IT MEDICALLY INADVISABLE FOR THIS STUDENT TO COMPETE IN INTERCOLLEGIATE ATHLETICS.

(PHYSICIAN SIGNATURE)

(PHYSICIAN ADDRESS AND PHONE)

DATE: _____