

AUBURN UNIVERSITY ATHLETIC PHYSICAL

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 SOCIAL SECURITY/AU ID NUMBER \_\_\_\_\_ SPORT \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE OF EXAM: \_\_\_\_\_

FAMILY HISTORY:

CV Disease/High BP \_\_\_\_\_ Death before age 50 \_\_\_\_\_ CA \_\_\_\_\_  
 Endocrine/DM \_\_\_\_\_ Sickle Cell \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

MEDICATION ALLERGIES: \_\_\_\_\_

IMMUNIZATIONS: Last Tetanus: \_\_\_\_\_ Hepatitis B Vaccine: \_\_\_\_\_

MEDICAL/PHYSICAL EXAM:

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_  
 Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Corrected: YES NO Dental: WNL F/U

	Normal	Abnormal Findings
<b>Cardiovascular</b>		
<b>Pulses</b>		
<b>Heart</b>		
<b>Lungs</b>		
<b>Skin</b>		
<b>E.N.T.</b>		
<b>Abdomen</b>		
<b>Genitalia (Males)</b>		

CLEARANCE:

- A. Cleared
- B. Cleared after completing evaluations/rehabilitation for: \_\_\_\_\_
- C. Not Cleared Due To: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ M.D. or D.O.

NAME \_\_\_\_\_ EXAM DATE \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

SOCIAL SECURITY/AU ID NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

	WNL	FINDINGS
<u>HEAD/NECK EXAM</u> Impingement Signs Compression Test Weakness		
<u>THORACIC/LUMBAR SPINE EXAM</u> (+) Straight Leg Raise Persistent LBP		
<u>ABDOMEN EXAM</u>		
<u>SHOULDERS (R &amp; L) EXAM</u> MDI Chronic Dislocations Chronic AC		
<u>UPPER ARM/ELBOW (R &amp; L) EXAM</u>		
<u>FOREARM/WRIST/HAND/FINGERS (R &amp; L) EXAM</u>		

	<b>WNL</b>	<b>FINDINGS</b>
<u>PELVIS/HIPS (R &amp; L) EXAM</u>		
<u>THIGH/HAMSTRING (R &amp; L) EXAM</u>		Hamstring Extension – R _____ L _____
<u>KNEE (R &amp; L) EXAM</u> Wear Brace?		Measures – R _____ L _____
<u>FOOT/ANKLE (R &amp; L) EXAM</u> Orthotics Recommended?		

ADDITIONAL NOTES: