

Physical Examination Form

This form must be submitted by AUGUST 1ST to Coe College Health Services, 1220 First Ave. NE,
Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269
Student Athletes will not be allowed to practice without a physical on file in Health Services.

Physical Examination
(To be completed by your healthcare provider)

Student's Name _____ Birth Date _____

Height _____ Weight _____ Heart Rate/Pulse _____ BP _____/_____

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal _____ Unequal _____

Hearing: R _____ L _____ Dental Care Needed: Y N Hgb/Hct _____

UA _____ Urine Protein _____ Urine Sugar _____

	Normal	Abnormal	Describe
Eyes/Ears/Nose/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal/Abdomen			
Genitourinary (Pelvic Exam)			
Genitalia/Hernia			
Endocrine/Metabolic			
Neurological			
Skin			
Musculoskeletal			
Mental/Emotional Status			

Are there restrictions in activity? If yes, please explain. _____

Is the student in treatment for an emotional disorder? If yes, please describe. _____

List current medications/health problems/treatment. _____

CLEARANCE FOR ATHLETICS:

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not Cleared for: _____ Reason: _____

HEALTH CARE PROVIDER (Signature required)

Name (print) _____ Signature _____ Date _____

Address _____ Phone _____
Street City State

I give Coe College Health Services permission to release copies of this form to the Athletic Office and/or the Nursing Department at Coe College.

Student Signature _____ Date _____