COE COLLEGE

PHYSICAL EXAMINATION FORM

It is recommended that all students have a physical exam on file, in order to receive the best possible health care, while at Coe College. The physical exam must be completed by your healthcare provider within the past 12 months. Student Athletes must have a physical within the past 6 months. This form satisfies the physical examination requirements for both Health Services and Athletics.

This form is to be completed by and signed by a physician (MD or DO), nurse practitioner, or physician's assistant. No other medical professional signature will be accepted on form.

Name: _____ Date of Birth: _____

Last First Middle

Sport(s): _____ Grade Entering: _____

Gender: Male / Female	Height:	Weight:
Blood Pressure:	Pulse:	Respirations:
Temperature:	Hearing: Right Left	Pupil Size: Equal Unequal
Vision: Right 20/ Left 20/	Vision Corrected: Yes / No	Natural Nystagmus: Yes / No

Nutritional Status:	Dietary Restrictions:
Blood Type (If available):	Sickle Cell Disease: Positive / Negative
Sickle Cell Trait*: Positive / Negative	***athletes are required to show a lab with sickle cell trait status**

System:	Normal	**Abnormal Findings:**
Head, Ears, Nose, and Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Eyes		
Genitourinary (males only)		
Menstrual Health (females only)		
Metabolic/Endocrine		
Neurological		
Skin		
Musculoskeletal - ROM, strength, etc.		

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Additional Information:	Yes	No
Has your physical activity been restricted during the past five years?		
Have you experienced any illnesses/ injuries that required hospitalization or surgery?		
Have you received services for emotional or psychological support?		
Have you ever had an injury that required imaging such as X-ray/ MRI/ etc.,?		
During Activity have you had any sensations of your heart skipping a beat, or racing?		
During activity do you have sensations of shortness of breath, labored breathing?		
Have you had any episodes of syncope or loss of consciousness with activity?		
Do you have a history of concussions? If so How many?		
Are you currently taking any medications or over-the-counter supplements?		
Are there any other injuries, illnesses, or conditions that have not been noted above that Coe College Health Services and/or Athletic Training should be aware of?		

Please explain all "yes" answers in the space provided:

_____

_____

_____

_____

Required for Student Athletes Only:

Physician's recommendation for physical activity: (Please check one and explain when necessary) ○ Cleared for unlimited participation in all sports. ○ Cleared for limited participation. ○ Not cleared for participation.: Explanation for limited/ not cleared status:

_____

_____

_____

Physician Signature: _____ Exam Date: _____

Printed Name of Physician: _____ Phone Number: _____

Address: _____