

# Belmont Abbey College

## Physical Examination

(Athletes: This physical form is interchangeable with the NCAA Athletic Training General Medical Physical Form)

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **TPR** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **BP** \_\_\_\_\_/\_\_\_\_\_

**Vision:** **R** 20/\_\_\_\_ **L** 20/\_\_\_\_ **Corrected:** Y N **Pupils:** Equal \_\_\_\_\_ Unequal \_\_\_\_\_

**Hearing:** **Gross** Right \_\_\_\_\_ Left \_\_\_\_\_ **15 Ft.** Right \_\_\_\_\_ Left \_\_\_\_\_

**Lab Work:** (NCAA required for \*Student Athletes\* (Freshmen and new Transfers only)

**Sickle Cell Trait Results:** Positive Negative (lab work must be provided)

\*\* (Student will need to upload results to the Athletic Trainer -Directions on Athletic Trainer's website)

**Lab Work:** (Optional)

Hgb/HCT: \_\_\_\_\_/\_\_\_\_\_ Urinalysis: Sugar: \_\_\_\_\_ Albumin: \_\_\_\_\_ Micro: \_\_\_\_\_

General Medical Exam	Normal	Abnormal	Comments	Initials
Eyes				
Ears/Nose/Throat				
Head, Neck				
Lymph Nodes				
Heart				
Pulses				
Lungs				
Abdomen				
Hernia				
Genitalia (males only)				
Skin				
Musculoskeletal				

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_  
(attach list if necessary)

**Clearance Status:** (initial one) - **for athletes only**

\_\_\_\_\_ Passed without limitations

\_\_\_\_\_ Passed pending the following:

\_\_\_\_\_ Failed due to the following:

**Is the student under treatment for any medical or emotional condition?** Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if yes \_\_\_\_\_

**Recommendation for physical activity:** Unlimited \_\_\_\_\_ Limited \_\_\_\_\_

Please explain if limited \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print name and title \_\_\_\_\_ Office phone # \_\_\_\_\_