

WISCONSIN LUTHERAN COLLEGE

Physical Evaluation Form

PHYSICIAN SIGNATURE REQUIRED FOR STUDENT ATHLETES. NP, PA NEED MD OR DO TO SIGN OFF.

Name: _____ Date of Birth: _____ Male: ___ Female: ___

Non-Student Athlete: ___ Student Athlete: ___ Team(s) _____

Sickle Cell Screening: The NCAA **requires** all freshmen and transfer student-athletes to confirm their sickle cell trait status prior to participation in any intercollegiate activity. Provider may attach a sickle cell screen, hemoglobinopathy evaluation, or hemoglobin electrophoresis results.

EXAMINATION		
Height: _____ Weight: _____ BP: _____ Heart Rate/Pulse: _____		
Vision Corrected: ___ No ___ Yes R Eye: 20/____ L Eye: 20/____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		___ Marfan stigmata
Eyes/Ears/Nose/Throat		___ Pupils unequal
Neck		
Heart		___ Murmurs
Pulses		
Lungs		
Abdomen		
Genitourinary (males)		
Skin		___ HSV ___ lesions suggestive of MRSA ___ tinea corporis
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional = Duck-walk, Tip-toe walk, Single leg hop		

I have examined the above named student and completed the pre-activity physical evaluations. If conditions arise after the student has been cleared for participation, the physician or health care provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parent/guardian if applicable).

Exam Date: ___/___/___

___ Cleared for all sports/activities without restrictions

___ Not Cleared

___ Pending further evaluation ___ For any sports/activities ___ For certain sports/activities: _____

Reason: _____

Recommendations: _____

Name & Credentials (print): _____ Signature: _____

***Physician (MD/DO) Signature required only for Student Athletes:** _____

Clinic Address: _____ Phone: _____

For Office Use Only

Uploaded to Medcat: