

# 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 # \_\_\_\_\_