

EXAM DATE: \_\_\_\_\_

REVISED 05/2021

**NEUMANN UNIVERSITY PHYSICAL EXAMINATION FORM**

IF PLAYING A SPORT THIS FORM MUST BE SIGNED BY A **MEDICAL DOCTOR**.

Status: FR SO JR SR

Sport (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
street

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

\*\*\*\*\**(below is for physician/athletic training/medical staff use only!!)*\*\*\*\*\*

**PHYSICAL EXAMINATION:**

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg

Heart Rate: \_\_\_\_\_ beats/min

Height: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

	NORMAL	ABNORMAL	COMMENTS
Head			
Ears			
Eyes			
Noses			
Throat			
Neck			
Chest/Lungs			
Heart			
Abdomen			
Hernia			
Neurological			
Skin			

ORTHOPAEDIC EXAM:	R	L	Comments
Ankle			
Knee			
Hip			
Back			
Shoulder			
Elbow			

**\*\*\*PLEASE ATTACH UPDATED IMMUIZATION FORM AND RECORDS WITH THIS FORM\*\*\***

**GENERAL ORTHOPAEDIC COMMENTS:**

**CLEARED FOR ATHLETIC PARTICIPATION? (PLEASE CIRCLE) YES NO**

Physician's Office Official Stamp Here

\_\_\_\_\_  
(Physician's Signature ONLY/Date)

Physician's Office Phone Number: \_\_\_\_\_