

**San Diego State University**  
**Athletic Medical Examination - Sport Clubs**  
**This form must be signed by a physician (MD or DO)**

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

Red ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sport: \_\_\_\_\_

Eligibility: Fresh Soph Jr Sr 5th Year

I. I have not had any illness or injury; or developed any new symptoms since I completed the Health History Form on:

\_\_\_\_\_

Athlete Signature: \_\_\_\_\_

If Ht. > 6'0" male or 5'10" female measure:  
 Symph to floor = \_\_\_\_\_ arm span \_\_\_\_\_  
 UB/LB ratio \_\_\_\_\_ is is not < 0.89  
 Arm span/height \_\_\_\_\_ is is not > 1.05

II. Healthy History Form reviewed (Physician/Staff Initials \_\_\_\_\_)

**EXAM:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ BMI: \_\_\_\_\_

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

MEDICAL	Normal	Abnormal Findings	MD or DO Initials
Appearance			
Eye/Ears/Nose/Throat			
Neuro			
Heart		Exam performed supine, standing, and with valsalva	
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	Medical exam performed by:		
Neck			
Back			
Shoulder/Arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/Ankle			
Foot			
Other		<input type="checkbox"/> No physical stigmata of Marfan's	

**Orthopedic exam performed by:**

**CLEARANCE:**

- Cleared - Based on my examination of this patient, I determine he/she can fully participate in any club sport at SDSU
- Cleared after completing rehabilitation for:
  
- Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
- Clearance decision deferred pending further work-up or obtaining records

**COMMENTS and RECOMMENDATIONS:** \_\_\_\_\_

**ATTACH PHYSICIAN'S BUSINESS CARD HERE**  
 (physical is invalid without business card)

Signature of physician (MD or DO)

Date