

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