

CARLOW UNIVERSITY ATHLETICS - PHYSICAL EXAM FORM

Name: _____

Date of Birth: _____

Sports: _____

Age: _____

School Year: _____

S.S. # _____

Height: _____ Weight: _____ B/P: _____ Pulse: _____

Visual Activity	
CV: Pulse	
Lungs	
Heart	
HEENT	
Abdominal	
Skin	
Genitalia	
Musculoskeletal	
Neck	
Shoulder	
Elbow	
Wrist	
Hand	
Back	
Knee	
Ankle	
Foot	
Assessment:	
Recommendation:	

PLEASE TURN OVER AND SIGN TO COMPLETE CLEARANCE PORTION!!

Clearance (circle appropriate clearance):

1. No Restrictions

2. Restrictions

A. Contact/ Collision

B. Limited contact/ collision

C. Non-contact

3. Cleared after notification of coach, athletic trainer, physician.

4. Clearance deferred until evaluation by physician:

Comments/ explanations:

_____, MD/DO
Signature

Exam Date