

TODAY'S DATE: _____

Thiel College Physical Examination Form

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Height: _____ Weight: _____ % Body Fat (Optional): _____ Pulse: _____ BP: _____ / _____

Vision R: 20/ _____ L: 20/ _____ Corrected: YES or NO Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Head, Neck, Face, and Scalp		
Nose and Sinuses		
Mouth, Teeth, Gingiva, and Throat		
Ears- General (Canals, Drums, Etc.)		
Eyes- General (Lids, Pupils, Motions)		
Lungs, Chest, and Breasts		
Heart		
Vascular System (Including Varicosities)		
Abdomen and Viscera (Include Hernia)		
Ano-Rectal and Pilonidal		
Endocrine System		
Skin and Lymphatics		
Neurological System		
Psychiatric (Personality Deviation)		
If Male, Genitourinary System		
If Female, Menstrual History		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		

Is there any loss or seriously impaired function of any organ? YES or NO

Recommendation for physical activity (PE, Competitive Sports, Intramurals)

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for:

Not cleared for: All Sports Certain Sports: _____ Reason: _____

Health Care Provider's Signature: _____

Health Care Provider's Name (Print): _____

Address: _____

Phone Number: _____

Date: _____