

SPORTS PHYSICAL EXAMINATION		DATE OF EXAM _____
Southwestern Illinois College Athletic Department PH 618-235-2700 ext 5450 2500 Carlyle Avenue, Belleville, IL 62221 FX 618-236-9563		
Patient	NAME _____	DOB _____
1. Intended Sport(s)	baseball basketball golf softball volleyball soccer other: _____	

CURRENT/PAST HEALTH INFORMATION				
2. Current Medical Problems				Current Medications
3. Past Medical History	Have you had	No	Yes	If yes, please explain what, where, and when
	a. Previous head/neck injury?			
	b. Previous seizures?			
	c. Previous broken bones/joint injuries?			
	d. Previous surgeries? (what kind & your age)			
	e. Dizziness/wheezing during exercise?			
	f. Allergic reactions to medicine, food, insect stings?			
	g. A tetanus shot?			
4. Family	a. Any serious family illness (such as diabetes, etc)?			
	b. Family history of sudden death under age 50?			

AUTHORIZATION FOR EXAMINATION & RELEASE OF INFORMATION	
<i>I certify that the above health information is correct to the best of my knowledge.</i> <i>I hereby authorize _____ to perform a sports physical exam on the above-names patient and to release the information to Southwestern Illinois College.</i>	
Signature _____	Date _____

PHYSICAL EXAMINATION		
Height _____	Weight _____	BP _____
Pulse: resting _____ 15 hops _____		Visual Acuity with Glasses: R _____ L _____ Both _____
		Without Glasses: R _____ L _____ Both _____
Body System/Area	Normal	Abnormal Findings
Skin (contagious lesions)		
Eyes (fundoscopic)		
Ears		
Lungs		
Heart		
Abdomen		
Genitourinary (hernia, testicular exam, Tanner State)		
Musculoskeletal (gait, scoliosis, joints, strength)		
Neuro (coordination, reflexes)		

<i>On the basis of medical history and today's exam, I approve this student's participation in sports activities for one year.</i>	
Yes No Limited	Additional comments: _____
Signature of Physician _____	Date _____