

SPORTS PHYSICAL EXAMINATION

DATE OF EXAM _____

Southwestern Illinois College Athletic Department
2500 Carlyle Avenue, Belleville, IL 62221

PH 618-235-2700 ext 5271

Patient	NAME _____	DOB _____
1. Intended Sport(s)	baseball basketball golf softball volleyball soccer tennis cheer other: _____	

CURRENT/PAST HEALTH INFORMATION

2. Current Medical Problems		Current Medications
3. Past Medical History	Have you had	No Yes
	a. Previous head/neck injury?	If yes, please explain what, where, and when
	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 certify that the above health information is correct to the best of my knowledge.
I hereby authorize _____ to perform a sports physical exam on the above-named patient and to release the information to Southwestern Illinois College.*

Signature _____ Date _____

PHYSICAL EXAMINATION

Height _____ Weight _____ BP _____	Visual Acuity with Glasses: R _____ L _____ Both _____
Pulse: resting _____ 15 hops _____	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)	

On the basis of medical history and today's exam, I approve this student's participation in sports activities for one year.

Yes No Limited Additional comments: _____

Signature of Physician _____ Date _____