



CLARENDON COLLEGE

www.clarendoncollege.edu

Since 1898

Clarendon College Athletic Physical Exam

Please send completed form to: Clarendon College Athletics, PO Box 968, Clarendon, TX 79226

All athletic participants must have a physician fill this form out completely to be eligible for practice and/or play. Examination must be completed within 6 months prior to the first team practice of the first year of participation.

Please print or type Name: _____ Male Female Date of Exam: _____
Home Address: _____
Home Phone: _____
Date of Birth: _____ SS#: _____
Physician: _____ Physician's Phone #: _____

Varsity Sports Participating In: _____

General Information

BP: ___/___ Pulse: _____ Height: _____ Weight: _____
Tetanus Booster Date: _____ Allergies: _____ Medications for Allergies: _____
Medications taken on a regular basis: _____ Reason: _____

Medical History: Please check any of the following that you have had. Attach a separate page to explain in further detail if necessary.

Table with 4 columns: Question, Yes, No, Yes, No, Yes, No. Contains 21 medical conditions for screening.

Physician: Please note any abnormalities found in your General Examination on the previous page: _____

Cardiovascular Screening:

Have you ever had: Yes No Explain
1. Any prior occurrence of exertional chest pain, discomfort or syncope/near syncope?
2. Excessive, unexpected and unexplained shortness of breath or fatigue?
3. Any past detection of Heart Murmur, or an increase in systemic blood pressure?
4. Family history of premature death or significant disability from CV disease in any of your close relatives younger than 50 years old?
Findings: _____

Musculoskeletal/Orthopedic Evaluation: Please note any joint laxity, tightness or abnormalities and include any previous surgery. Attach a separate page if necessary to explain any of the following.

Shoulders _____ Elbow _____ Hand _____
Wrist _____ Knee _____ Ankle _____
Back _____ Hips _____ Feet _____
Other abnormalities? _____
Are there any problems that need referral or follow-up? _____

Recommendations for intercollegiate competition

Limited
Unlimited Explain: _____

MD/DO/NP/PA DATE

PHYSICIAN SIGNATURE

DATE

Understands that by signing this form that he or she gives permission to release the Athletic Physical to CC Athletics for the purpose of sports clearance.

STUDENT-ATHLETE SIGNATURE REQUIRED (Parent if under 18) DATE

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DATE