

**CHABOT COLLEGE ATHLETICS**  
**PHYSICAL EXAMINATION FORM**

Name (Last, First): \_\_\_\_\_ Sport: \_\_\_\_\_

Birth date: \_\_\_\_\_ ID No.: \_\_\_\_\_

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**GENERAL:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body Fat %: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

**EXAMINATION:**

Eyes: Uncorrected	Corrected	
Rt. 20 / _____	Rt. 20 / _____	Glasses _____
Lt. 20 / _____	Lt. 20 / _____	Contacts _____

Lungs / Chest: \_\_\_\_\_ Heart: Murmurs \_\_\_\_\_ Rhythm \_\_\_\_\_

Abdomen: Spleen \_\_\_\_\_ Liver \_\_\_\_\_ Other \_\_\_\_\_

Genitalia: \_\_\_\_\_

Neurological: Biceps \_\_\_\_\_ Triceps \_\_\_\_\_ Patellar \_\_\_\_\_ Achilles \_\_\_\_\_

**ORTHOPEDIC:**

Neck \_\_\_\_\_ Back \_\_\_\_\_ Ribs \_\_\_\_\_

Shoulder \_\_\_\_\_ Elbow \_\_\_\_\_ Wrist / Hand \_\_\_\_\_

Hip \_\_\_\_\_ Knee \_\_\_\_\_ Foot / Ankle \_\_\_\_\_

**URINALYSIS:**

Glucose \_\_\_\_\_ Ketones \_\_\_\_\_ Protein \_\_\_\_\_ Blood \_\_\_\_\_ pH \_\_\_\_\_

**COMMENTS / RECOMMENDATIONS:** \_\_\_\_\_

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**PARTICIPATION STATUS:**

Full \_\_\_\_\_ Limited \_\_\_\_\_ None \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Place Stamp Here**

## MEDICAL HISTORY

Please provide the following information and include: Date(s), L/R, Doctor Names, etc

### PAST INJURIES

Comments:

Concussions?	Yes___ No___	_____
Facial Injuries	Yes___ No___	_____
Neck Injuries?	Yes___ No___	_____
Back Injuries?	Yes___ No___	_____
Chest/Rib Injuries?	Yes___ No___	_____
Shoulder Injuries?	Yes___ No___	_____
Elbow Injuries?	Yes___ No___	_____
Wrist/Hand/Finger Injuries?	Yes___ No___	_____
Hip Injuries?	Yes___ No___	_____
Knee Injuries?	Yes___ No___	_____
Ankle Injuries?	Yes___ No___	_____
Foot Injuries?	Yes___ No___	_____
Hernia?	Yes___ No___	_____
Broken Nose?	Yes___ No___	_____

### PAST ILLNESSES / MEDICAL CONDITIONS

Pneumonia?	Yes___ No___	_____
Rheumatic / Scarlet Fever?	Yes___ No___	_____
Heart Murmur?	Yes___ No___	_____
Diabetes?	Yes___ No___	_____
Drug Allergies?	Yes___ No___	_____
Food Allergies?	Yes___ No___	_____
Asthma?	Yes___ No___	_____
Skin Disorders?	Yes___ No___	_____
Kidney Disorders?	Yes___ No___	_____
Fainting?	Yes___ No___	_____
Convulsive Disorder?	Yes___ No___	_____
Epilepsy?	Yes___ No___	_____
Ulcers?	Yes___ No___	_____
Mono?	Yes___ No___	_____
Sudden death in family?	Yes___ No___	_____
Any surgeries (list)?	Yes___ No___	_____
Any medications (type)?	Yes___ No___	_____

**IMMUNIZATIONS (dates):** Tetanus\_\_\_\_\_ Tuberculosis\_\_\_\_\_

I verify that all information listed is accurate:

Athletes Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if athlete is under 18 years of age): \_\_\_\_\_