



(please print or type)

Name _____ ID# _____ Birth Date _____
Male ___ Female ___ Allergies _____ Height _____ Weight _____
BMI _____ BP _____ / _____ Pulse _____ Respiration _____ Temp _____
Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal ___ Unequal ___
**Visual acuity equal or better than 20/30 for each eye is required to pass visual acuity mandate.

Normal Abnormal Findings Initials

Medical

Table with 4 columns: Medical, Normal, Abnormal Findings, Initials. Rows include: Eyes/Ears/Nose/Throat, Hearing Test (optional), Lymph Nodes, Heart, Pulses, Lungs, Abdomen, Skin.

Musculoskeletal

Table with 4 columns: Musculoskeletal, Normal, Abnormal Findings, Initials. Rows include: Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand/Fingers, Hip/Thigh, Knee, Leg/Ankle, Foot/Toes.

Clearance

Clearance section with checkboxes: Cleared, Cleared after completing evaluation/rehabilitation for: Not cleared for: Reason: Recommendations:

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in _____ . (Note exceptions above)

Examiner (please print): _____

Examiner's Signature: _____ Date: _____

Examiner's Phone Number: _____ Email: _____

Note: Consent and HIPAA Release Forms must be signed by the student on a separate sheet.

History and Physical Examination Forms are modified from the forms approved by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine.



Xavier University of Louisiana

PHYSICAL EXAMINATION FORM

(please print or type)

Name _____ ID# _____ Birth Date _____

Personal History

Have you ever had any of the following? If yes, give details and dates.

	YES	NO
Allergies, food, drugs, other		
Anemia or other blood diseases		
Arthritis		
Asthma		
Diabetes		
Fainting Spells		
Meningitis		
Nervous or Mental Disease		
Pilonidal Disease		
Pneumonia		
Poliomyelitis		
Rheumatic Fever		
Hernia		
Hospitalizations		
Hypertension		
Ear Disease , Mastoid, Etc.		
Epilepsy		
Hay Fever		
Heart Disease		
Liver Disease		
Kidney Disease		
Sinus Disease		
Skin Disease		
Surgery		
Thyroid		
Tuberculosis		
Malaria		
Ulcer: Stomach or Duodenal		
Venereal Disease (STD/STI)		
Vertigo (Dizziness)		

List any medications you are currently taking including birth control, supplements and over the counter:

Reviewed: _____

Initials