



Physical Examination Form | Intercollegiate Athletes Only

Must be completed by health care provider. Athlete physicals must be completed within 6 months of the athlete's first participation at Hartwick College. Date of future exams must be kept within 12 calendar months to maintain eligibility

Student Name _____ Date of Birth ____/____/____ Date of Exam ____/____/____

The NCAA requires that a copy of the lab result from a Sickle Cell Solubility Test be provided with this form for every athlete

EXAMINATION

Height _____ Weight _____ BP _____ / _____ (_____ / _____) Pulse _____
Vision R 20/ _____ L 20/ _____ Corrected Yes No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Upper extremities		
Lower extremities		
Functional • Duck-walk, single leg hop		

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
- Consider GU exam if in private setting. Having third party present is recommended.
- Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

SARS-CoV-2 (COVID-19)

Has this athlete been diagnosed with COVID-19? Yes No If yes, date of infection: ____/____/____

List any post diagnosis athletic clearance performed, with date(s): _____

I have examined the above-named student, reviewed the History Form, and completed the preparticipation physical evaluation. This athlete is cleared to practice and participate in the sport(s) as outlined above without restriction **unless noted below.**

- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared: Pending further evaluation
 For any sports
 For certain sports _____

Reason _____

Recommendations _____

If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of healthcare provider (print or stamp) _____ Date ____/____/____

Address _____ Phone _____

Signature of healthcare provider _____