New England College Athletic Department

Physical Examination

Athletes must have a sports PE within 6 months from date of first sports practice

Name_____ Date of Birth_____ Sports Participation_____

Past medical/surgical history (include dates): _____

_____

Current medications (including dose): _____

_____

Allergies: _____

BP_____ P_____ Weight_____ Height_____ LMP (females only) _____

BMI_____ Hearing: _____

Visual Acuity: R _____ L _____ Glasses _____ Contacts_____ Last eye exam _____

	Normal	Abnormal	Comments
Skin			
HEENT			
Neck, Thyroid			
Cardiovascular (murmurs, pulses)			
Chest & Lungs			
Abdomen			
Musculoskeletal (ROM, Strength)			
Neurological			
Genitalia – Hernia Testicular exam			
Pap Test Breast Exam			

BELOW IS MANDATORY ONLY FOR **INTERCOLLEGIATE ATHLETES** – MUST BE COMPLETED

SICKLE CELL TRAIT: Positive _____ Negative _____ Unknown Status: _____ (waiver must be signed)

Attach lab result of sickle cell trait screening (if available) or signed NEC Sickle Cell Waiver form
*The NCAA encourages ALL Intercollegiate athletes to be aware of their sickle cell trait status
*Waiver form available at: http://www.nec.edu/wp-content/uploads/Sickle-Cell-Waiver1.pdf

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

Recommendations for Physical Activity: Exercise programs & use of fitness equipment
Unlimited □ Limited □

Intercollegiate & Recreational Sports: Is this applicant capable of participating in a full program of college study, including participation in intercollegiate sports/intramural or club sports?
Yes □ No □

□ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

_____

If student is under a healthcare provider's continuing care for any reason, a summary from the health care provider regarding his/her treatment and medications must be included in this questionnaire.

Provider's Signature: _____ Date: _____