

INTERCOLLEGIATE ATHLETICS
PHYSICAL EXAMINATION (2008)

NORTHERN ILLINOIS UNIVERSITY
HEALTH SERVICES

_____ Year in School Fall '08: 1 2 3 4 5 _____
(Athlete's name) (Sport)
NIU ID # _____ Date _____

Vision: Corrected / Uncorrected L _____ R _____ **Height** _____ **Weight** _____

B/P: auto / manual _____ **Pulse** _____ **Pupils equal:** YES/NO

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck/Back/Head			
Upper Extremity			
Lower Extremity			

Comments or Assessment _____

ORTHO CLEARANCE IS: 1) Without restriction
2) Pending due to _____
3) Other _____

Signed _____ Certified Athletic Trainer Date _____

Health Services Use Only

Last Tetanus Shot _____ Sickle Cell Date and result _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
E/E/N/T			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males only)			
Skin			
Other			

Comments or Assessment _____

Additional Orders:

Labs Ordered: Y / N
Specialist Referral: Y / N
Additional Tests: Y / N

CLEARANCE IS:
1. Without Restriction
2. Pending due to _____
3. Deferred due to _____

PRACTICE STATUS:
1. Full Go
2. Non Contact: Strenuous OR Non-Strenuous
3. Participate As Able
4. No Practice

Signed: _____ Physician Date _____

If additional space is required, attach notes to this form.