

Albion College Athletic Training Student Physical Examination Form

1. Name: _____ M / F Date of Birth: _____
 2. Sport: _____
 3. Year in School: Fr. So. Jr. Sr.

Medical History Questionnaire

4. Do you have now or have you had in the past problems with:			5. If you answered YES to any of #4- please provide details below: identify by letter
	YES	NO	
a. Headaches-needing treatment			
b. Heart			
c. Breathing- asthma			
d. Head injury/ loss of consciousness			
e. Arthritis/ joint pain,swelling			
f. Knee/Ankle/Shoulder injury			
g. Spine			
h. Kidney and/or bladder			
i. Reproductive organs			
j. High Blood pressure			
k. Cancer			
l. Diabetes			
m. Operations or surgery			
n. Handicap/disability			
o. Skin Disorders			
p. Eating Disorder			
q. Other major injuries/illnesses			

6. **ALLERGIES:**

Drugs: _____

Other: _____

7. Have you ever been knocked unconscious? Yes No How many times? _____ Dates: _____
 8. Have you ever had a cervical spine/neck injury? Explain: _____
 9. Current Medications: _____
 10. Are you currently under a physician's care? Explain: _____
 11. Do you regularly use nutritional supplements? Explain: _____
 12. **Women:** Do you have regular monthly periods? Yes No Number of menstrual cycles in last 12 mos.: 0-4 5-9 10-12
 13. **Men:** Do you have any problems with your testicles? Yes No

FOR EXAMINING PHYSICIAN ONLY

14. EYES: Glasses: _____ Contacts: _____ OD _____ OS _____		17. General Information: HT: _____ WT: _____ B/P: _____ Pulse: _____
15. EXAMINATION	Normal Abnormal	18. Approved for Intercollegiate Sports Yes: _____ No: _____
a. Head		
b. Eyes		
c. Nose & Throat		
d. Ears		
f. Lungs		
g. Heart		
h. Abdomen		
i. Hernia		
j. G.U.		
k. Extremity		
l. Shoulders		
m. Knees		
n. Nerves		
o. Spine		
p. Other		
16. Urine: Glucose: _____ Protein: _____		19. Abnormal Findings: 20. RECOMMENDATIONS: Signature: _____ MD/DO Telephone: _____ Date: _____

Please Return Form To: **H Robert Moss**
Program Director, ATEP
Albion College, KC Box 4830
Albion, Michigan 49224