

# SEWANEE

THE UNIVERSITY OF THE SOUTH

**To the Health Care Provider: Please complete ALL portions of this examination form!** All information is mandatory. An answer of N/A to any of the following will not be acceptable. Your examination and recommendations are the basis for this student's medical care and will be used to determine if it is safe for this student to participate in varsity athletics at the University of the South in Sewanee, Tennessee. If the student wishes to play varsity football, the NCAA mandates that all physical examinations must be administered by a physician and only a physician. A physician's assistant, nurse practitioner, or chiropractor is not acceptable. This information is strictly for the use of the Athletic Department and will not be released without the student's consent.

Name of Student \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_  
 Medication Allergies \_\_\_\_\_ Daily Medications \_\_\_\_\_

	Normal	Abnormal	Comments
1. Eyes			Corrective Lenses?
2. Ears, Nose, Throat			
3. Head and Neck			
4. Cardiovascular			
5. Chest and Lungs			
6. Abdomen			
7. Genitalia / Hernia			Date of last pap (if applicable)
8. Orthopedic Screening			
a. neck			
b. spine			
c. shoulders			
d. arms and hands			
e. hips			
f. knees			
g. legs and feet			

Taking into consideration the student's history (see health history form) and physical examination, is there any reason to prohibit / limit participation in varsity sports at the University of the South? If yes, please explain:

\_\_\_\_\_

Are there any specific recommendations regarding the student's general medical care (specific monitoring, follow-up, etc.)?

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If there is a history of eating disorders, cardiac problems, or attention deficit disorders, a current status report from the treating physician and/or therapist is required.

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Health Care Provider's Signature
Name (Print)
Degree

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Address
Office Phone Number