

NOTHLAND COMMUNITY AND TECHNICAL COLLEGE
ATHLETIC PHYSICAL EXAMINATION

Name _____ Date _____

This form is to be used for the actual physical examination by a physician (and staff). If the athlete has already had a valid physical and the information is recorded on a different equitable form, it is to be attached and placed in the file.

HEIGHT _____ WEIGHT _____ GENDER: M F

PULSE _____ BLOOD PRESSURE _____

URINE-ALBUMEN _____ SUGAR- _____ DOB _____

POSTURAL		FLEXIBILITY		LBM% (age)
KYPHOSIS	NECK	SIT/REACH	WRIST	
LORDOSIS	SCOLIOSOS	SLR	WAIST/HIP	
ASIS LEVEL	AC LEVEL	THOMAS	CHEST/UA	
GENU VARUS	GENU VALGUM	OBERS/FABER	ABDOMEN	
RECURVATUM	TAL-CALC TILT	QUADS	THIGH	
		RC-IR	TRICEP	
%BF-G	%BF-SF	RC-ER	SUPRAILIUM	

PHYSICIANS COMMENTS

HEENT	
NECK	
HEART	
LUNGS	
ABDOM	
HERNIA	
SKIN	

I have no reason which would make it medically inadvisable for this student to compete in an intercollegiate athletic activity, unless noted in above comments

PHYSICIANS SIGNATURE _____