

Jamestown College Physical Exam Form

TO BE FILLED OUT BY PHYSICIAN

Name _____ Date of exam _____

Height _____ Weight _____ B/P _____ Pulse _____

Vision Right _____ Left _____ TB Test Date Done _____
 20/ _____ 20/ _____ Results _____

Clinical Evaluation	Normal	Abnormal
1. Head		
2. Nose and Sinuses		
3. Mouth		
4. Ears		
5. Eyes		
6. Throat		
7. Lungs		
8. Heart		
9. Abdomen and Viscera		
10. Upper Extremity		
11. Lower Extremity		
12. Musculoskeletal		
13. Skin		
14. Neurological		

Physician Comments:

Surgical procedures done within past 2 years:

Limitations/Rehabilitation needs:

Medication currently prescribed:

Allergies to medication:

Athletic Participation Recommendations:

1. All Activities
2. Moderate Activities
3. Mild Activities
4. No Activities

Restrictions:

Physician's Signature _____ Date _____

Print Physician's Name _____

Clinic _____ Phone Number _____