



2017-18 HENRY FORD COLLEGE  
MEDICAL EXAMINATION

SPORT: \_\_\_\_\_

Height                      Weight                      Blood Pressure                      Pulse                      Gross Vision                      Pupils  
Urinalysis  
\_\_\_\_\_/\_\_\_\_\_  
R\_\_\_\_L\_\_\_\_  
R\_\_\_\_L\_\_\_\_

EXAMINATION	NL	ABN	COMMENTS
1. Heart			
2. Lungs			
3. Skin			
4. Abdomen: Spleen Liver			
5. Hernia			
6. External Genitals			
7. Upper Extremities: ACJT's Symm ROM			
8. Spine: Neck Fwd. Bend Curve			
9. Lower Extremities: Gait I Hop Duck Symm ROM			

( ) Satisfactory Examination ( ) Further Examination Regarding:

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Cleared for: ( ) Baseball ( ) Basketball ( ) Softball ( ) Volleyball ( ) Golf

Date: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S

NAME:

\_\_\_\_\_

PHYSICIAN'S PHONE #: \_\_\_\_\_

PHYSICIAN'S ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

**Henry Ford College**  
**Intercollegiate Sports Examination**  
**(to be completed by student-athlete)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birthdate:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip:

Phone: \_\_\_\_\_

Student # \_\_\_\_\_

Sex: \_\_\_\_M

\_\_\_\_F

SAMPLE

HAVE YOU EVER HAD THE FOLLOWING?	YES	NO	DETAILS
10. Injury that kept you from playing sports for more than one day?			
11. Head injury of any kind?			
12. Loss of consciousness or fainting?			
13. Neck or back pain or injury?			
14. Broken bones or fractures?			
15. Problems with joints?			
16. Pulled muscles, ligaments or sprains?			
17. Hernia or rupture?			
18. An operation of any kind?			
DO YOU TAKE MEDICATION FOR ANY OF THE FOLLOWING?			
1. Asthma or allergies?			
2. Heart problem?			
3. Rheumatic Fever?			
4. High blood pressure?			
5. Diabetes?			
6. Epilepsy or Convulsions?			
7. Sickle Cell or other Anemia?			
ARE YOU ALLERGIC TO ANY MEDICATIONS?			
HAS ANYONE IN YOUR FAMILY DIED OF A HEART ATTACK UNDER			

THE AGE OF 50?			
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I certify that to the best of my knowledge the above information is true and accurate.

Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

SAMPLE