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

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?			

I certify that to the best of my knowledge the above information is true and accurate.

Signature: _____ Date: _____