

Graceland University Physical Form

Personal Information

Name _____ Male _____ Female _____

Date of Birth _____ Sport _____

General Physical	Freshman Date	Sophomore Date	Junior Date	Senior Date
Height				
Weight				
Vision	R L	R L	R L	R L
Blood Pressure				
Pulse				
HGB (female athletes only)				
	Norm.	Abn.	Norm	Abn
Eyes				
ENT				
Neck				
Lungs/Chest				
Heart				
Abdomen				
GU				
Neurological				
Lymphatic				

Comments:

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Physician's Signature _____ Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Physician's Signature _____ Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Physician's Signature _____ Date _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Physician's Signature _____ Date _____

Orthopedic Exam	Freshman	Date	Soph.	Date	Junior	Date	Senior	Date
	ROM	Stren.	ROM	Sren.	ROM	Stren.	ROM	Stren.
Head and Neck								
Shoulders								
Elbows								
Wrist/Hands								
Spine								
Plevis/Hips								
Knees								
Ankles								
Feet								

Comments:

Circle ones that apply - (Asthma) (Wear Contact) (Diabetes) (Anemia) (Sickle Cell Anemia)

List Allergies _____

List Current Medication _____

List medical problems/injuries _____

Hospitalizations/surgeries(dates and cause) _____

Have you ever had a concussion (How many?) _____

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature Date

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature Date

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature Date

Recommendations For Intercollegiate Athletics

Unlimited _____ **Limited** _____ **No Participation** _____

Athletic Trainer's Signature Date