

LAFAYETTE COLLEGE

PHYSICAL EXAMINATION

DATE: _____

NAME: LAST _____ FIRST _____ M.I. _____

- Vital signs: BP ___/___ Pulse _____ Height (inches) _____ Weight (pounds) _____
- Vision: (glasses) Yes ___ No ___ (Contact) Yes ___ No ___ (Uncorrected) Rt 20/___ Left 20/___
(Corrected) Rt 20/___ Left 20/___
- Urinalysis: (Specific Gravity) _____ (Sugar) _____ (Protein) _____ (other) _____
- * Sickle Cell Screening: Sickle cell disease: Yes ___ No ___ Sickle Cell Trait: Yes ___ No ___
**Mandated by the NCAA for student athletes*
- Are there abnormalities in any of the following systems? Describe fully abnormal findings.

	NORMAL	ABNORMAL
a. Head, Eyes, Ears, Nose & Throat		
b. Heart		
c. Lungs		
d. Vascular		
e. Musculoskeletal		
f. Metabolic/Endocrine		
g. Neurologic/Psychiatric		
h. Skin		
j. Genitourinary		

- ASSESSMENT: Please summarize all significant findings and elaborate on other items or recommendations that may be of importance in the care of this student. Thank you.

- RECOMMENDATIONS: (Cleared to participate in sports) Unlimited ___ Limited ___ (Explain) _____

PHYSICIAN'S NAME _____ SIGNATURE _____ DATE _____

ADDRESS (or office stamp) _____ PHONE (____) _____

Please return this form to the student so that all Health related forms can be returned together on or before **JULY 15th to:

**STUDENT HEALTH SERVICES
LAFAYETTE COLLEGE
607 HIGH STREET
EASTON, PA 18042-1768**