

LAFAYETTE COLLEGE

PHYSICAL EXAMINATION

LAST NAME _____ FIRST NAME _____ M.I. _____ DOB _____

1. Vital signs: BP ____/____ Pulse _____ Height (inches) _____ Weight (pounds) _____
2. Vision: (glasses/contacts) Yes ___ No ___ Rt 20/____ Left 20/____ Both 20/____
3. ***Sickle Cell Screening is REQUIRED for ALL NCAA Division I Athletes**
Sickle Cell Disease: Yes ___ No ___ Sickle Cell Trait: Yes ___ No ___
4. 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		

5. ASSESSMENT: Please summarize all significant findings and provide any history pertinent to the care of the student. Attach any supportive documentation if necessary.

6. RECOMMENDATIONS: (Cleared to participate in sports) Unlimited ___ Limited ___ (explain further)

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**