LAFAYETTE COLLEGE

PHYSICAL EXAMINATION

LAST NAME _____ FIRST _____ 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. ***EKG is REQUIRED for ALL NCAA Division I Athletes***
   (Upload copy of EKG printout with signed clearance from a provider into your Patient Portal)

5. 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			

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

7. 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