OBERLIN

SPORTS MEDICINE
CLUB SPORT
PHYSICAL EXAM — NON-STUDENT (2011-12)

The information you provide on this form is strictly for the use of the Sports Medicine Department and will not be released to anyone without your knowledge and consent. This form must be completed and signed in two places by a physician in order to be eligible for participation in Oberlin College Club Sports.

Name: _____ Date of Birth: _____

Last First Middle Month/Date/Year

_____ _____

Gender Race/Ethnicity

Home Address:

_____ _____ _____

Number and Street City State

_____ _____

Zip Phone

Emergency Contact Information:

_____

Name Telephone

_____

Address

Medical History

Allergies

Type (food, medication, other) Reaction

1. _____
2. _____
3. _____
4. _____

Current Medications

Name of medication Dosage Reason for medication

1. _____
2. _____
3. _____
4. _____

Medical History/Physical Exam *(page 2 of 3)*

Hospitalization and/or Surgery

Date Description

_____

_____

Medical Illnesses or Problems

Illness or problem Explanation

- ☐ Heart disease (hypertension, etc) _____
- ☐ Endocrine problem (thyroid, diabetes, etc) _____
- ☐ Epilepsy (seizure disorder) _____
- ☐ Chemical dependency (alcoholism, etc) _____
- ☐ Pulmonary problem (bronchitis, asthma, pneumonia, etc.) _____
- ☐ Eating disorder (anorexia nervosa, bulimia) _____
- ☐ Depression/anxiety _____
- ☐ Other _____

Family History

Relative Age State of Health If deceased, cause of death

Father _____

Mother _____

Siblings _____

Has any blood relative (maternal or parental grandparents, parents, siblings) had any of the following?

	Circle one		Relationship	Explanation
Diabetes	Yes	No		
Heart Trouble	Yes	No		
Breast Cancer	Yes	No		
Cancer	Yes	No		
Seizure disorder	Yes	No		
Substance abuse	Yes	No		
Other	Yes	No		

Social Habits

Do you smoke? Yes No If yes, how much per day? For how many years?_____

Do you use alcohol? Yes No If yes, how much per week? _____

Are you on a diet? Yes No If yes, what type? _____

Mental Health Care (Psychiatric or Psychological)

- ☐ Eating disorder (*anorexia, bulimia)* _____
- ☐ Depression/Anxiety _____
- ☐ Alcohol/Drug treatment: Dates of treatment _____
- ☐ Outpatient care: Diagnosis, Dates of treatment, Medications _____
- ☐ Inpatient care: Diagnosis, Dates of treatment, Medications _____

Other Medical Information

Please note any other pertinent information that you feel would be essential to receive proper medical care. (*i.e., dentures, eyeglasses)*_____

_____

Patient's Signature Physician's Signature Date

Medical History/Physical Exam *(page 3 of 3)*

Patient's Name: _____ Date of Birth: _____

Last First Middle Month/Date/Year

_____ _____ _____

Height Weight BP

Laboratory Finding: These tests are required and must be completed.

Date _____ Vision _____ Color Vision _____

Hct. Or Hgb _____ w/o glasses: Right 20/ _____ Left 20/ _____

Urine: Glucose _____ Protein _____ with glasses Right 20/ _____ Left 20/ _____

Hearing*: Right _____ Left _____

*may be done by your medical office

Check the proper column for each item. Enter "N.E." if not evaluated.	Normal	Absent
1. Head, neck, face, and scalp		
2. Nose and sinuses		
3. Mouth, teeth, gingival, and throat		
4. Ears- general (canals, drums, etc.)		
5. Eyes- general (lids, pupils, motions, etc)		
6. Lungs, chest, and breasts		
7. Heart		
8. Vascular System (include varicosities)		
9. Abdomen and viscera (include hernia)		
10. Ano-rectal and pilondal		
11. Endocrine system		
12. Genito-urinary system		
13. Upper extremities		
14. Lower extremities		
15. Spine, other musculoskeletal		
16. Skin and lymphatic (include acne)		
17. Neurological system		
18. If female, give menstrual history; specify medication		

Note: Give details of each abnormality. Enter corresponding number before each comment.

Circle One

Is patient cleared for full participation in **all** intercollegiate sports? Yes No

If no:

Is patient cleared for participation in **non-contact** intercollegiate sports? Yes No

_____

Physician's Signature

Please Print or Stamp

_____

Name

_____

Address

_____

Telephone