

**Delta State University
Athletic Training Education Program
Physical Examination Form**

Name (Print): _____ Date: _____ DOB: _____ SS#: _____ - _____ - _____

Height: _____' _____" Weight: _____ lbs BP: _____/_____ Pulse: _____ bpm

General Medical Examination

Flexibility Examination

	NORM	ABNL		LEFT	RIGHT
Skin	_____	_____	Neck	_____	_____
Lungs	_____	_____	Shoulder	_____	_____
Heart	_____	_____	Hips	_____	_____
E.N.T.	_____	_____	Quads	_____	_____
Hernia	_____	_____	Hams	_____	_____
Abdomen	_____	_____	Heel cords	_____	_____
			Back ext/flex	_____	_____

General Health comments: _____

Allergies and/or PMH: _____

Medications: _____

Orthopedic Examination

	NORM	ABNL		NORM	ABNL
I. Spine/neck	<u> </u> <u> </u>	<u> </u> <u> </u>	II. Lower Extremity	<u> </u> <u> </u>	<u> </u> <u> </u>
Hip	<u> </u> <u> </u>	<u> </u> <u> </u>	Cervical	<u> </u> <u> </u>	<u> </u> <u> </u>
Knee	<u> </u> <u> </u>	<u> </u> <u> </u>	Thoracic	<u> </u> <u> </u>	<u> </u> <u> </u>
Ankle	<u> </u> <u> </u>	<u> </u> <u> </u>	Lumbar	<u> </u> <u> </u>	<u> </u> <u> </u>
Feet	<u> </u> <u> </u>	<u> </u> <u> </u>			

	NORM	ABNL
III. Upper Extremity		
Shoulder	<u> </u> <u> </u>	<u> </u> <u> </u>
Elbow	<u> </u> <u> </u>	<u> </u> <u> </u>
Wrist	<u> </u> <u> </u>	<u> </u> <u> </u>
Hand/Fingers	<u> </u> <u> </u>	<u> </u> <u> </u>

Orthopedic Comments: _____

() Based on the physical examination, technical standards and immunization record, I see no reason why this individual cannot perform the physical duties required by the Athletic Training Education Program at Delta State University.

() Based on the physical examination, technical standards and immunization record, this individual requires further testing to determine if he/she can perform the physical duties required by the Athletic Training Education Program at Delta State University.

Referral Recommendation: _____

() Based on the physical examination, technical standards and/or immunization record, this individual cannot perform the physical duties required by the Athletic Training Education Program at Delta State University. Reason(s): _____

***Signature w/ Professional Credential:** _____

***MD, DO, FNP or PA**