



SUNY Sullivan
 Student Health Services
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SPORTS PHYSICAL EXAMINATION

Date: _____

Name: _____ Age: _____ Date of Birth: _____

T ____ (F) P ____ R ____ AaO₂ ____ % on RA B/P ____ / ____ Height ____ Weight ____ lbs.

Vision R 20/ ____ L 20/ ____ Corrected: Y N Pupils (circle) Equal/Unequal R>L L>R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

A: Cleared

B: Cleared after completing evaluation/rehabilitation for _____

C: Not Cleared

Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except those marked below:

Men's Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling

Ladies Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Swimming, Tennis, Track, Volleyball

Signature of Physician: _____ Date: _____

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine & American Osteopathic Academy of Sports Medicine)