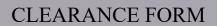
Cornell College Athletics Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Date of Exam					
Name_				Date of Birth	
Last	First		MI		
 Do you ever fe Do you have a Have you beer Do you feel sat Have you ever Have you ever 	ressed out or under so sad or how person in your negeting regulate? taken medicing taken any supply	nder a lot of pressur opeless that you stop r life you trust and of ar/normal amounts ne(s) without a doctor plements to help you	p doing some can openly sl of sleep dail or's prescrip ou gain or los	y?	Yes
Height: We				/ No Pupils: Equal Unequal	
Are there any abnormali	ities of the foll	lowing systems?	100	1 upito. Equal Chequal	
J. 100 - 20 2 - 2000		Yes, please des	cribe		
Eyes		, 1	-		
Head, ENT					
Cardiovascular	+				
Respiratory					
Breast					
Gastrointestinal	+				
Genitourinary	+				
Hernia	+				
Skin					
Metabolic/Endocrine					
Neuropsychiatric					
MUSCULOSKELETA	<u></u>				
IOSKELE I A	<u> </u>				
Neck	+				
Back	+				
Shoulder/Arm	+ +				
Elbow/Forearm	+ +				
Wrist/Hand/Fingers	+				
Hip/Thigh					
riip/ i iiigii Knee	+				
Leg/Ankle	+				
Foot/Toes					
	+	_			
Functional: Duck walk, single leg hop					
Signature of Physician				, MD or DO or PA or NP Date:	

PHYSICIANS: PLEASE MAKE SURE YOU SIGN CLEARENCE FORM AS WELL

Cornell College Athletics Preparticipation Physical Evaluation



Name	Birthdate	Assigned sex at birth (circle one) Male Female
☐ Cleared without restrictions		Gender Identity (circle one) M F N T
Cleared, with recommendati	on for further evaluation or treatme	ent for:
•	•	Reason:
Recommendations:		
EMERGENCY INFORMATION	Į	
Allergies		
IMMUNIZATIONS (eg, tetanus/pneumococcal; meningococcal; v	• •	s, rubella; hepatitis A, B; influenza; poliomyelitis;
Name of Physician (print/type):_		Date:
Address:		Phone:
Signature of Physician		, MD or DO or PA or NP
	icine Department to release any medical information	y athletic participation to the Cornell College's Sports Medicine Depart- tion to Ebersole Student Health Center or to Cornell College's Insur-
Athlete Signature:		Date:
Parent/Guardian Signature:		Date:

Questions can be directed to:

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