



Athletics Participation Physical Exam

Athletics

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Name _____ Age _____ Sport _____

Parent's name(s) _____

Primary insurance company _____ HMO / PPO _____

Height _____ Weight _____ Blood Pressure _____ Resting pulse _____ Post activity pulse _____

Physical exam	Normal	Abnormal	Not Examined	Abnormal Findings
Skin				
Eyes				
Ears				
Nose				
Throat / mouth				
Lymph nodes				
Heart/ cardiovascular				
Lungs / pulmonary				
Abdomen				
Liver				
Spleen				
Neurological				

Orthopedic screening	Normal	Abnormal	Not Examined	Abnormal Findings
Ankle/foot				
Knee				
Hip/thigh				
Spine				
Shoulder				
Elbow				
Wrist/hand				

Pass without restrictions

Pass with restrictions _____

Further evaluation needed _____

Other recommendations _____

We/I the examining physician(s) find that the above named athlete is physically able to participate in Intercollegiate Athletics at HIU.

Physician Signature _____ Date _____

Print name _____

Physician Address: _____ City _____

State: _____ Zip: _____ Phone: _____