

**Rosemont College Athletics Physical Examination Form  
For Academic Year \_\_\_\_\_**

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Based on my examination, the above named patient is (physician please initial one):

\_\_\_\_\_ cleared to compete in intercollegiate athletics

\_\_\_\_\_ cleared to compete in intercollegiate athletics after completing the evaluation/rehabilitation listed

\_\_\_\_\_ not cleared to compete in intercollegiate athletics

Reason for non-clearance and/or restrictions: \_\_\_\_\_

\_\_\_\_\_

Tetanus and Diphtheria booster (within the past 10 years) \_\_\_\_\_ date

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_