

## Graceland University Physical Form

**Personal Information**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_

General Physical	Freshman Date	Sophomore Date	Junior Date	Senior Date
Height				
Weight				
Vision	R    L	R    L	R    L	R    L
Blood Pressure				
Pulse				
HGB				
Urine	SpGr	Leuk	Prot	Bld
	Ph	Nit	Gluc	
	Norm.    Abn.	Norm    Abn	Norm    Abn	Norm    Abn
Eyes				
ENT				
Neck				
Lungs/Chest				
Heart				
Abdomen				
GU				
Neurological				
Lymphatic				

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_      **Limited** \_\_\_\_\_      **No Participation** \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_      **Limited** \_\_\_\_\_      **No Participation** \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_      **Limited** \_\_\_\_\_      **No Participation** \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_      **Limited** \_\_\_\_\_      **No Participation** \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Orthopedic Exam	Freshman	Date	Soph.	Date	Junior	Date	Senior	Date
	ROM	Stren.	ROM	Sren.	ROM	Stren.	ROM	Stren.
Head and Neck								
Shoulders								
Elbows								
Wrist/Hands								
Spine								
Plevis/Hips								
Knees								
Ankles								
Feet								

Comments:

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List Current Medications and reason for taking them:

Have you had your bell run or had a concussion?

Do you wear contacts?

List any surgery you have had.

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_ **Limited** \_\_\_\_\_ **No Participation** \_\_\_\_\_

Athletic Trainer's Signature

Date

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_ **Limited** \_\_\_\_\_ **No Participation** \_\_\_\_\_

Athletic Trainer's Signature

Date

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_ **Limited** \_\_\_\_\_ **No Participation** \_\_\_\_\_

Athletic Trainer's Signature

Date

**Recommendations For Intercollegiate Athletics**

**Unlimited** \_\_\_\_\_ **Limited** \_\_\_\_\_ **No Participation** \_\_\_\_\_

Athletic Trainer's Signature

Date