



Wesleyan University  
161 Cross Street, Freeman Athletic Center  
Middletown, CT 06459  
Telephone: 860/685-3528  
jfountain@wesleyan.edu

# PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Consider additional questions on more sensitive issues.

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff or dip?
- During the past 30 days, did you use chewing tobacco, snuff or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, or use condoms?

EXAMINATION		
Height: _____	Weight: _____	BMI: _____
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R20/ _____ L20/ _____ Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance <ul style="list-style-type: none"><li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)</li></ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"><li>• Pupils equal</li><li>• Hearing</li></ul>		
Sickle Cell Trait Status (Negative/Positive)		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"><li>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li><li>• Femoral artery pulses to exclude aortic coarctation</li></ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"><li>• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA) or tinea corporis</li></ul>		
Neurological		
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"><li>• Double-leg squat test, single-leg squat test, and box drop or step drop test</li></ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

- ☐ Cleared for all sports without restriction.
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared
- \_\_\_\_\_ Pending further evaluation
- \_\_\_\_\_ For any sports
- \_\_\_\_\_ For certain sports \_\_\_\_\_
- \_\_\_\_\_ Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (print and type): \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_

Date: \_\_\_\_\_

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

MD, DO, NP, or PA