GRINNELL COLLEGE

2009-2010
Preparticipation Physical Evaluation (to be used for all sports)
Athletic Department
NCAA requires student athletes to have a physician's physical within six months of the first date of participation in a practice or competition.

Name: . . . . . **Sex:** . . . . . .
Last First Middle

Blood Pressure . . . . . / . . . . . Height . . . . . inches Weight . . . . . lbs.

	Normal	Abnormal Finding	Initials*
Head/Ears/Nose/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Eyes			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			

*Station-based examination only

Is there loss or seriously impaired of any paired organ? Yes . . . No . . . (Describe fully)

Have you any general comments?

I have reviewed the information above and make the following recommendations for his/her participation in athletics:

Unlimited . . . . Limited (explain) . . . . . .

Do you have any recommendations regarding the care of this student? Yes . . . No . . . If so, what? . . . . . .

Is the patient now under treatment for any medical condition? Yes . . . No . . . Diagnosis . . . . . .

Is the patient now under treatment for any emotional condition? Yes . . . No . . . Diagnosis. . . . . .

Physician's Signature. . . . . Date . . . . . .

Address. . . . . .

Last Name Printed . . . . . .