

Northern Kentucky University
Intercollegiate Athletics Physical Examination
Freshman / Junior / 5th Year Senior / Transfers

Name: _____
 Sport: _____ Age: _____ DOB: _____ Sex: M F
 Height: _____ Weight: _____ BP: _____ Pulse: _____
 Vision: R – 20/____ L – 20/____ Both – 20/____ Corrected? Y N

	Normal	Abnormal	Comments
ENT			
Heart			
Lungs			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Hip			
Knee			
Ankle			
Foot			
Skin			
Dental			
Other			

Sickle Cell Trait Test- Positive _____ Negative _____

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

1. Cleared _____
2. Cleared after additional evaluation for _____
3. Restricted from participating in _____
4. NOT cleared _____

Recommendations/Restrictions: _____

Physician Signature: _____, MD Date: _____