

Delta State University
Athletic Training Education Program
Physical Examination Form

Name (Print): _____ Date: _____ DOB: _____ SS#: _____ - _____ - _____

Height: _____' _____" Weight: _____ lbs BP: _____/_____ Pulse: _____ bpm

General Medical Examination

	NORM	ABNL
Skin	_____	_____
Lungs	_____	_____
Heart	_____	_____
E.N.T.	_____	_____
Hernia	_____	_____
Abdomen	_____	_____

Flexibility Examination

	LEFT	RIGHT
Neck	_____	_____
Shoulder	_____	_____
Hips	_____	_____
Quads	_____	_____
Hams	_____	_____
Heel cords	_____	_____
Back ext/flex	_____	_____

General Health comments: _____

Allergies and/or PMH: _____

Medications: _____

Orthopedic Examination

	NORM	ABNL
I. Spine/neck	L _____ R _____	L _____ R _____
Hip	L _____ R _____	L _____ R _____
Knee	L _____ R _____	L _____ R _____
Ankle	L _____ R _____	L _____ R _____
Feet	L _____ R _____	L _____ R _____

	NORM	ABNL
II. Lower Extremity		
Cervical	L _____ R _____	L _____ R _____
Thoracic	L _____ R _____	L _____ R _____
Lumbar	L _____ R _____	L _____ R _____

	NORM	ABNL
III. Upper Extremity		
Shoulder	L _____ R _____	L _____ R _____
Elbow	L _____ R _____	L _____ R _____
Wrist	L _____ R _____	L _____ R _____
Hand/Fingers	L _____ R _____	L _____ R _____

Orthopedic Comments: _____

() I see no reason why this individual cannot perform the physical duties required by the Athletic Training Education Program at Delta State University.

() This individual requires further testing to determine if he/she can perform the physical duties required by the Athletic Training Education Program at Delta State University.

() This individual cannot perform to physical duties required by the Athletic Training Education Program at Delta State University.

*Signature w/ Professional Credential: _____

***MD, DO, FNP or PA**