

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

Please Return To: Linda McIntosh –  
Pacific Athletic Center  
2043 College Way  
Forest Grove, OR 97116

**PACIFIC UNIVERSITY**  
**SPORTS PHYSICAL EXAM**

Date of Exam \_\_\_\_\_ Sport(s) \_\_\_\_\_ DOB \_\_\_\_\_  
Athlete's Name \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

**Please Check:**                      **Normal**              **Abnormal**              **Comments**

Appearance \_\_\_\_\_

HEENT \_\_\_\_\_

Neck/Nodes \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia(Males Only) \_\_\_\_\_

Skin \_\_\_\_\_

**MUSCULAR SKELETAL**

Neck \_\_\_\_\_

Back \_\_\_\_\_

Shoulders/Arms \_\_\_\_\_

Elbows/Forearms \_\_\_\_\_

Wrists/Hands \_\_\_\_\_

Hips/Thighs \_\_\_\_\_

Knees \_\_\_\_\_

Legs/Ankles \_\_\_\_\_

Feet \_\_\_\_\_

**Education/Counseling:**

- Injury/prevention       SBE/STE    STD's/Condoms/Contraception
- ETOH/Drugs/Tobacco    Fluid replacement    Skin protection    Osteoporosis/CA
- OTC supplements       Other \_\_\_\_\_

**Clearance:**

\_\_\_\_\_ Cleared      \_\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
Physician/NP/PA Signature

\_\_\_\_\_  
Physician Name (PRINTED)

\_\_\_\_\_  
Date