

RANDOLPH COLLEGE ATHLETIC PHYSICAL

COMPLETED BY PHYSICIAN

Name _____ Sport(s) _____
 Resting pulse _____ Blood pressure _____ Height _____ Weight _____
 Urinalysis: Sugar _____ Albumin _____ Blood _____

Are there any abnormalities of the following systems? Please describe fully.

	Yes	No
General		
Head, ENT, Eyes		
Neck		
Respiratory		
Cardiovascular		
Gastrointestinal		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Genitourinary		
Skin		

Comments:

Do you have any general comments?

Please describe any problems regarding the athlete's medical history and physical examination.

Is the patient presently under treatment for any medical conditions? ____ Yes ____ No
 If yes, please explain:

Current medications and dosages:

Recommendation for athletic participation:

_____ Unlimited _____ Limited (Please explain)

Do you have any recommendations regarding the care of this patient?

 Physician's Signature
 Print Physician's name _____
 Address: _____

 Date: _____

Return physical to:

Jill Hartman
 Randolph College
 2500 Rivermont Ave
 Lynchburg, VA 24503