

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? Describe fully.

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

Do you have any general comments?

Please list any problems obtained for the athlete's medical history and physical examination.

Is the patient presently under treatment for a medical condition? ___ Yes ___ No

Recommendation for athletics

_____ 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:

Carolyn Sarson
 Randolph College
 2500 Rivermont Ave
 Lynchburg, VA 24503