



**Grand View University  
Athletics**  
1200 Grandview Avenue  
Des Moines, Iowa 50316-1599  
515-263-6050

## Athletic Physical Examination Form

**ATTENTION: This form must be filled out by a physician and RETURNED TO THE ATHLETICS OFFICE prior to participation.**

Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 DOB \_\_\_\_\_ Sport \_\_\_\_\_ Gender  Female  Male  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
 Uncorrected Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_  
 Corrected Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

### Physical Examination

### Comments

- |                |                             |       |
|----------------|-----------------------------|-------|
| 1. Eyes        | <input type="checkbox"/> Ok | _____ |
| 2. Ears        | <input type="checkbox"/> Ok | _____ |
| 3. Nose        | <input type="checkbox"/> Ok | _____ |
| 4. Throat      | <input type="checkbox"/> Ok | _____ |
| 5. Skin        | <input type="checkbox"/> Ok | _____ |
| 6. Heart       | <input type="checkbox"/> Ok | _____ |
| 7. Lungs       | <input type="checkbox"/> Ok | _____ |
| 8. Abdomen     | <input type="checkbox"/> Ok | _____ |
| 9. Extremities | <input type="checkbox"/> Ok | _____ |
| 10. Spine      | <input type="checkbox"/> Ok | _____ |

### Status

- Cleared for full activity     Cleared, with restrictions     Not cleared for activity

Comments, restrictions, other medical concerns: (i.e., asthma, diabetes, meds, allergies, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name (print)

Physician's Signature

Date

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