



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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