



Lincoln College Physical Form

300 Keokuk Street, Lincoln, IL 62656

Phone: (217) 732-3155

Fax: (217) 735-5214

Required ONLY for those in competitive sports, dance, or cheer.

Athletic physicals are ONLY valid for ONE year from the date.

TO THE EXAMINING PHYSICIAN: Please review the student's history and complete this physical examination form. Please comment on all positive answers. The information supplied will be used only by the Health Service and Athletic Staff and will be kept confidential.

Last Name		First Name	Middle Initial	Sex M___ F___
Address		City	State	Zip Code
Date of Birth				
B/P	/	Pulse	Temperature	Height inches Weight pounds

EVALUATION OF SYSTEMS:

Normal Abnormal

Head, Eyes, Ears, Nose, Teeth, Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

Please comment about any Abnormalities below:

Is there loss or seriously impaired function of any paired organ? Yes___ No___

Allergies___

Have you any general comments?___

Does this student have special dietary requirements? Yes___ No___ If so, what?___

Is this student now under treatment for any medical or emotional condition? Yes___ No___ If so, what?___

If student is seizure-prone, is he/she controlled by medication? Yes___ No___ If no, frequency of seizures___

If yes, what medication(s)?___

Do you have any recommendation regarding the care of this student? Yes___ No___ If yes, what?___

How long have you known this student?___

Recommendations—must be completed

___ Class I Unlimited (all forms of athletics) ___ Class III Restricted (supervised physical education)
___ Class II Modified (all but most strenuous activities) ___ Class IV Deferred (temporary disability)

If any **EXCEPT** Class I, please specify restrictions & time period for restrictions:___

PHYSICIAN'S SIGNATURE___ PRINT PHYSICIAN'S NAME___

ADDRESS___

TELEPHONE___ FAX NUMBER___ EXAMINATION DATE___