KNOX COLLEGE

DEPARTMENT OF ATHLETICS
Box K-226, 2 East South Street
Galesburg, IL 61401-4999
Phone: 309-341-7378 Fax: 309-341-7091

Student Athlete Pre-participation Physical Exam Form (PPE)

This exam is not to be billed through the Knox College Health Plan.

PART 1: STUDENT INFORMATION (To be completed by student prior to seeing physician)

PERSONAL INFORMATION

Student's legal name ☐ Ms. ☐ Mr. _____
Last First Middle initial

Date of birth _____ / _____ / _____ ID number _____ Class: Fr So Jr Sr
month day year circle one

Home Address _____ Campus Box K- _____

City, State, Zip _____ Campus Address _____

Home Phone _____ Cell Phone _____

Sports _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

PREVIOUS HEALTH HISTORY

Previous operations, if any (include year of operation): _____

_____

Previous serious illness requiring hospitalization or more than two physician visits, including any heat and/or lung related illness including asthma (include nature of illness and year): _____

_____

_____

Previous bone or joint injuries (fracture, dislocation, cartilage or ligament injury): _____

_____

_____

Previous head injury and/or concussion (include date, time out of activity, and care received): _____

_____

_____

Medications you take on a regular basis, if any (include dosage of each): _____

_____

_____

Allergies, if any: _____

_____

Is there a personal history of diabetes, epilepsy, heart trouble, color blindness? Yes_____ No_____
If yes, please explain: _____

_____

Do you know your Sickle Cell Trait Status? Yes_____ No_____ SCTrait (+) _____ SCTrait (–) _____

If yes, please have your physician forward the results to the Knox College Athletic Training Office (address above).

(OVER)

PART 2: PHYSICAL EXAMINATION (To be completed by the attending physician)

VITAL STATISTICS

Height: _____inches Weight: _____lbs Blood Pressure: _____ / _____ mmHg

Pulse: _____beats/min. Vision: R 20/_____ L 20/_____

Flexibility: Hamstring R_____ L_____ Gastroc R_____ L_____ Hip (Thomas) R +/– L +/–

EXAMINATION

Normal Abnormal

- ☐ ☐ Head and Neck:
- ☐ ☐ Ears_____
- ☐ ☐ Oropharynx _____
- ☐ ☐ Eyes _____
- ☐ ☐ Thyroid _____
- ☐ ☐ Chest _____
- ☐ ☐ Heart and Peripheral Vessels _____
- ☐ ☐ Abdomen *(include hernia examination)* _____
- ☐ ☐ Genitalis_____
- ☐ ☐ Skin *(include exam for tinea eruis and tinea pedis)*_____
- ☐ ☐ Lymphatics _____
- Neurologic:
- ☐ ☐ Gait _____
- ☐ ☐ Reflexes_____
- ☐ ☐ Muskuloskeletal *(pay special attention to previously injured or operated areas)* _____

WNL	Yes	No	WNL	Yes	No
Spine/Neck			Hip		
Shoulder			Knee		
Elbow			Ankle		
Wrist/Hand/Fingers			Foot/Toes		

Describe any abnormal findings: _____

_____

_____

_____

LABORATORY DATA *(This section is suggested but not required for athletic participation.)*

Urinalysis: Glucose_____ Protein _____ Specific grav_____

CBC (if indicated clinically): HgB _____ WBC _____

Sickle Cell Trait: SCTrait (+) _____ SCTrait (–) _____

PHYSICIAN APPROVAL AND SIGNATURE

This is to certify that the above named individual is _____ is not _____ physically able to participate in collegiate athletics for the year 20_____.

Restrictions, if any: _____

_____

Physician's Name _____ Phone _____

Address_____

Signature of Physician _____ Date _____