

**UNIVERSITY OF SOUTH ALABAMA – MEDICAL EXAM FOR CLUB SPORTS**

Name \_\_\_\_\_ J# J00 \_\_\_\_\_

Sport \_\_\_\_\_ Status: Fresh Soph Jr Sr Grad. Non-Student

Health History Form reviewed: (Physician Signature \_\_\_\_\_)

**EXAM:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B.P. \_\_\_\_/\_\_\_\_

Vision R 20/\_\_\_ L 20/\_\_\_ Corrected Y\_\_\_ N\_\_\_ Pupils Equal\_\_\_ Unequal\_\_\_

	Normal	Abnormal Findings
Medical		
Appearance		
Eye/Ear/Nose/Thr		
Neuro		
Heart		
Pulse		
Lungs		
Abdomen		
Genitalia (males)		
Skin		

**MUSCULOSELETAL**

Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		
Other		

**CLEARANCE**

- \_\_\_\_\_ Cleared – based on my examination of this patient, I determine he/she can fully participate in club sports at USA
- \_\_\_\_\_ Cleared after completing rehabilitation for \_\_\_\_\_
- \_\_\_\_\_ Not cleared for \_\_\_\_\_ Reason \_\_\_\_\_
- \_\_\_\_\_ Clearance decision deferred pending further work-up or obtaining records

**COMMENTS AND RECOMMENDATIONS:**

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_