



To: Knox College Athletes

Find below the Pre-Season Physical Form. Please have this filled out by your physician and return directly to the address below or when you come back to campus present to a member of the Athletic Training Staff. We will accept physicals that have been performed by Physicians (MD or DO) or Physician Assistants only. Please present us with any documentation or supporting information for any abnormal findings during the physical.

If you are currently under the care of a physician for a particular injury or illness please provide us with any documentation that would assist us in continuing your care. Letters, notes, and/or treatment plans from the physician and/or therapist would be greatly appreciated. Please try to provide operative notes and/or x-ray/MRI reports and films as applicable for our physicians to review as needed.

Please do not hesitate to contact us if you have any questions or concerns.

Scott Sunderland MS ATC
Knox College
Box #226
2 E. South Street
Galesburg, IL 61401

(309)341-7378

Sincerely,

Scott Sunderland MS, ATC
Head Certified Athletic Trainer

KNOX COLLEGE STUDENT ATHLETE PHYSICAL FORM

This exam is not covered through
the Knox College Health Services.

PART I (To be filled out by student prior to seeing physician)

A. Personal Data:

Name _____
Home Address _____ Campus Box# _____
Home Telephone _____ Cell Phone _____
Campus Phone _____

Notify in Case of Emergency:

Name _____ Social Sec. # ____-____-_____
Address _____ D.O.B. ____/____/_____
Telephone _____ Year in School _____
Relationship _____ Sports _____

B. Previous Health History:

1. Please list any pre-existing medical conditions (i.e., asthma, anemia, diabetes, epilepsy): _____

2. Please list any significant illnesses in the last two years (i.e., mononucleosis, hepatitis, flu): _____

3. Has there been any loss of bodily organs (i.e., kidney, appendix)? If so, please list: _____

4. Is there any history of head injury and/or concussion? If so, please provide dates, nature of injury and treatment: _____

5. Please list any known drug, food, and/or insect bite allergies: _____

6. Please list any medication taken on a regular basis, amount taken and the purpose for taking the medication: _____

7. Please list any pre-existing orthopedic conditions and describe the nature of the injury, any appliances worn and any rehabilitation currently being under taken: _____

8. Do you ever have abnormal shortness of breath during physical activity? _____
9. Please list and explain any known family history of diabetes, high blood pressure, heart trouble, epilepsy, etc. _____

10. Please list any dental injuries, work performed and/or any special appliances worn: _____

11. Do you wear contacts? _____ Do you wear glasses? _____

(OVER)

PART II Physical Examinations (To be filled out by the attending physician)

A. Vital Statistics: Height _____ inches Weight _____ lb.
Blood Pressure _____ mmHg Pulse _____ beats/min.

B. Head and Neck: Normal Abnormal
1. ears _____
2. oropharynx _____
3. eyes _____
4. thyroid _____

C. Chest _____

D. Heart and Peripheral Vessels _____

E. Abdomen (include hernia examination) _____

F. Genitalis _____

G. Skin (include exam for tinea cruris and tinea pedis) _____

H. Lymphatics _____

I. Neurologic

1. gait _____

2. reflexes _____

J. Musculoskeletal (please pay special attention to previously injured or operated areas.) _____

*Describe any abnormal findings: _____

K. Laboratory data: (This section not required for athletic participation.)

1. urinalysis: glucose _____ protein _____ specific grav _____

2. CBC (if indicated clinically): HgB _____ WBC _____

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: _____

Name and Address of Physician:

SIGNATURE OF PHYSICIAN:

DATE: _____