



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 to be billed through
the Knox College Health Plan.

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

A. Personal Data:

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

Notify in Case of Emergency:

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

B. Previous Health History:

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

2. Previous serious illnesses requiring hospitalization or more than two physician visits (include nature of illness and year): _____

3. Previous bone or joint injuries (fractures, dislocations, cartilage or ligament injuries): _____

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

5. Allergies, if any: _____

6. Is there a personal history of diabetes, epilepsy, heart trouble, color blindness?

YES _____ NO _____

If answer is yes, please explain below: _____

(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 eruris 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: _____