

COUNTY COLLEGE OF MORRIS
HEALTH SERVICES
INTERCOLLEGIATE ATHLETIC PHYSICAL EXAMINATION

Name: _____ Sport: _____

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Vision: R 20/____ L20/____ Corrective Lenses? Yes _____ No _____

Pulse: _____

Are there any abnormalities of the following systems?

	YES	NO	COMMENTS
1.) Eyes			
2.) Head, Ears, Nose, Throat			
3.) Respiritory			
4.) Cardiovascular			
5.) Gastrointestinal			
6.) Hernia			
7.) Genitourinary			
8.) Musculoskeletal			
9.) Metabolic/ Endocrine			
10.) Neuropsychiatric			
11.) Skin			

Is there loss or serious Impairment of any organ? Yes _____ No _____

Has student ever been treated for head trauma/concussion? Yes _____ No _____

Is this student medically eligible to participate in intercollegiate sports? Yes _____ No _____

Have you any general comments? _____

Physician's Signature: _____ Date _____

Physician's Name: *(please print)* _____