



PHYSICAL EVALUATION

(to be completed by the physician)

Student's Name _____ SSN _____

Please review the student's health report and complete the physical form. This information will be used only as a background for providing thoughtful health care.

Sex: Male Female Height _____ Weight _____

Blood Pressure: Sitting _____ Standing _____

Uncorrected Vision: Rt. 20/_____ Left 20/_____ Corrected Vision: Rt. 20/_____ Left 20/_____

Hemoglobin or Hematocrit _____ Urinalysis _____

Are there any irregularities of the following systems?

	Yes	No	<u>Use this area to describe fully any positive findings and clarify recommendations:</u>
Head	<input type="checkbox"/>	<input type="checkbox"/>	
Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Throat and Teeth	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Skeletal	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations for physical activity (physical education, nursing clinicals):

Unlimited Limited If "Limited," please explain: _____

Signature of Physician _____ Date _____

Address _____

Phone (with area code) (_____) _____

Please return this form to: Cayuga Community College Athletics Office
 197 Franklin Street, Auburn, NY 13021