



LORAS COLLEGE™

Name: _____ Sport(s): _____ Date: _____
Height (inches): _____ Weight (lbs): _____ Blood Pressure: _____ Pulse: _____

Required Laboratory Procedures:

Urinalysis: Protein: _____ Sugar: _____ Micro: _____

Blood: Hgb/Hct: _____ / _____

Sickle Cell Trait: Pos/Neg Disease: Pos/Neg (Circle One)

Vision: OK _____ Needs investigation _____ Glasses _____ Contacts _____

Without corrective wear R 20/ _____ L 20/ _____ With corrective wear R 20/ _____ L 20/ _____

Medical Examination: Remarks:

1. Head, neck and scalp _____
2. Dental and mouth _____
3. Ears- general (audiometric if apparent loss) _____
4. Nose _____
5. Throat _____
6. Eyes/ fundus _____
7. Skin _____
8. Chest:
 - Heart rhythm _____ Murmur _____ Marfan's _____
 - If Marfan's Syndrome or Mitral Valve Prolapse: ECG results: _____
 - Lungs _____
 - Breasts _____
9. Abdomen and viscera _____
10. Lymphatic (cervical, Axillary, femoral) _____
11. Hernia _____
12. Genitalia _____
13. Neurological _____

General Orthopedic Examination (instability, strength, ROM):

1. Neck and shoulder _____
2. Elbow, wrist, & hand _____
3. Back _____
4. Knee _____
5. Ankle _____
6. Feet _____
7. Flexibility _____

Other:

1. Recommendations for follow-up of diabetics, hypertensives, epileptics, asthmatics, etc.: _____
2. Hypersensitivities (Drugs, pollens, foods, etc) _____

Is the athlete/patient physically able to participate in intercollegiate athletics? _____ YES _____ NO

Are there any exceptions? If so, specify _____

Are you the patient's family physician? _____ How long have you know the patient? _____

Signed: _____ (Please circle) MD DO PA ARNP Date: _____

Address: _____

Telephone: _____ Fax: _____