

**University of Wisconsin – La Crosse
Intercollegiate Athletics
Physical Examination Form**

PLEASE TYPE OR PRINT LEGIBLY:

Name _____ Sport(s) _____

I.D. # _____ Date of Birth _____ Sex M F

Parent's Name _____ Parent's Phone _____

Parent's Address _____

Student-athlete's Permanent Address _____
(If different from parent's)

Insurance Company _____ Group # _____ Policy # _____

Personal Health Information

Please list the dates if you have had any of these vaccinations: (do NOT attach a separate sheet!)

MMR 1 _____ Polio primary series completed _____ TB Test _____

MMR 2 _____ Hep B series completed _____ Last Tetanus Booster _____

List any medications you are currently taking including birth control and over the counter:

List any allergies: _____

Check and record date of any illness/condition you have or had in the last 5 years:

Arthritis _____ Frost Bite _____ Heat Illness _____

Asthma _____ Hay Fever _____ Surgery _____

Concussions _____ Mononeucleosis _____ Hospitalization _____

Diabetes _____ Heart Problems _____ Tuberculosis _____

Epilepsy _____ Rheumatic Fever _____

Explain any current illness and/or medical limitations: _____

Do any of the following apply to you?:

Y N High Blood Pressure

Y N Use of Orthotics

Y N Scoliosis

Y N Heart Problems

Y N Wear Contacts/glasses

Y N Unpaired Organ (i.e. 1 kidney)

Y N Passed out during sports

Y N Family history of death before 50

Y N Are your periods regular?

Y N Seizures

Y N Migraines

Y N Asthma

Y N Hearing Aid

Y N Other _____

Explain any YES answers: _____

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Physical Examination
(To be completed by a Physician)

Athlete's Name _____ Sport _____

Height _____ Weight _____ Heart Rate _____ Blood Pressure _____

	Normal	Comments and History of severe/chronic injury/illness
Head		
EENT		
Neck		
Chest		
Abdominal		
Back		
Shoulder/Upper Arm		
Elbow		
Forearm/Wrist/Hand		
Hip/Thigh		
Knee		
Low Leg/Ankle/Foot		

_____ **NO RESTRICTION** for collegiate athletic participation

OR

_____ **RESTRICTED** participation to _____

MD, DO signature _____ DATE _____

Printed MD, DO Name and Address _____

The athlete should return this to the address below before August 1st or as soon as possible !!!! You cannot begin team activities until be have this on file in the athletic training room.

Head Athletic Trainer
 144 Mitchell Hall
 University of Wisconsin – La Crosse
 La Crosse, WI 54601
 Fax: 608-785-8674