

University of Wisconsin – La Crosse
Department of Exercise and Sport Science
Athletic Training Program

Required Physical Examination and Health History

PLEASE TYPE OR PRINT LEGIBLY:

Name _____ Campus ID # _____

Date of Birth _____ Sex M F

Parent's Name _____ Parent's Phone _____

Parent's Address _____

Student's Permanent Address _____
(if different from parent's)

Insurance Company _____ Group # _____ Policy # _____

Health History

Please attach a complete list of the dates of your immunizations as of today and it MUST be reviewed by your physician during the exam.

List any medications (OTC, prescription, vitamins, supplements, etc) you are currently taking: _____

List any allergies: _____

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

Asthma _____ Frost Bite _____ Surgery _____

Concussions _____ Heart Problems _____ Tuberculosis _____

Diabetes _____ Heat Illness _____

Epilepsy _____ Hospitalization _____

Do any of the following apply to you currently?

- | | |
|-------------------------|---------------------------------------|
| Y N High Blood Pressure | Y N Seizures |
| Y N Migraine haedache | Y N Family history of death before 50 |
| Y N Asthma | Y N Unpaired Organ (i.e. 1 kidney) |
| Y N Heart Problems | Y N Other _____ |
| Y N Fainting spells | |

Explain any YES answers: _____

**Athletic Training Program
Physical Examination**
(To be completed by a Physician)

Student's Name _____

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 WORK RESTRICTIONS

OR

_____ WORK RESTRICTED TO _____

AND

_____ **I HAVE REVIEWED THE STUDENT'S IMMUNIZATIONS AND VERIFY THE VACCINATION RECORD ATTACHED IS ADEQUATE FOR A HEALTH CARE PROFESSIONAL.**

Physician's signature _____ DATE _____

Printed Physician's Name and Address _____

The STUDENT should return this to the address below as soon as possible or before they begin their FIRST clinical!!

Director, Athletic Training Program
 124 Mitchell Hall
 University of Wisconsin – La Crosse
 La Crosse, WI 54601
 Fax: 608-785-8172