

McHenry County College Physical Examination - Athletes

Date: _____ Sport: _____

Name: _____ Sex M: _____ F: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Physician Phone: _____

Childhood Diseases: _____ Immunity Status: _____

Height:		Weight:	
Skin Diseases:			
Orthopedic:			
Neurological:			
Eyes	Acuity:	20/	
	Diseases:		
Ears	Hearing:		
	Diseases:		
Nose, Throat, Sinuses:			
Tonsils, Adenoids:			
Glands:			
Heart	Murmur		
	Rhythm		
Blood Pressure:			
Pulse:			
Lungs:			
Phimosis:			
Hernia:			
Dental Attention Needed:			
Under Dental Treatment:			
Chest X-Ray:			
Kahn:			
Urinalysis:			
Was Treatment Advised?			

DOCTOR'S NOTES OR ATHLETE LIMITATIONS (use reverse side if more space is needed): _____

NOTE TO PHYSICIAN: This form is merely a guideline for your use. The athlete needs to meet physical exam criteria as established by you, the examining physician, for intercollegiate athletic participation. The requirement or depth of examination is up to the individual physician discretion. The exam must be administered by a qualified health care professional licensed to administer physical examinations. The athlete named above is hereby certified for athletic participation at McHenry County College with no limitations.

Examining Physician Signature: _____ Date: _____

Examining Physician Phone Number: _____

If you have any questions, please contact the MCC Athletic Office at 815-455-8580.