

**PENSACOLA JUNIOR COLLEGE
ATHLETIC HEALTH EXAM FORM**

Team Sport _____

Date _____

Name _____ SS# _____

Address _____

Home Phone _____ Local/Cell Phone _____

D.O.B. _____ Allergies _____

Height _____ Weight _____ Blood Pressure _____

STATE OF HEALTH

Abnormalities of following systems:

Head, ear, nose, throat, eyes (other than acuity)

Respiratory

Cardiovascular

Hernia

Genitourinary

_____ Musculoskeletal

Metabolic/Endocrine

Neuropsychiatric

Skin

_____ Teeth

_____ Loss of impaired function of any paired organs

_____ Severe Allergies

_____ Adverse reactions to any drugs

_____ Any recommendations or comments regarding student

Yes

No

Recommendation for LIMITED or UNLIMITED physical activity(Circle one)

DATE _____ PHYSICIAN SIGNATURE _____