

**MONMOUTH COLLEGE - MONMOUTH, ILLINOIS  
MEDICAL EXAMINATION FORM FOR INTER-COLLEGIATE SPORTS**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Sport: \_\_\_\_\_  
 (Print or type)

Address \_\_\_\_\_ phone \_\_\_\_/\_\_\_\_\_  
 (Street) (City & State - Zip Code) (Area Code)

Medical History: To be completed by student. Please answer all questions.

Conditions	No	Yes	Details (if yes)
1. Head injury or concussion			
2. Bone or joint disorders, dislocations, fractures (broken bones, arthritis, trick joints, back pain)			
3. Eye or ear problems (disease or surgery)			
4. Dizzy spells, fainting or convulsions			
5. Tuberculosis, asthma, bronchitis			
6. Heart trouble or rheumatic fever			
7. High or low blood pressure			
8. Anemia, leukemia or bleeding disorder			
9. Diabetes, hepatitis or jaundice			
10. Ulcers, other stomach trouble or colitis			
11. Kidney or bladder problems			
12. Hernia (rupture)			
13. Mental illness or nervous breakdown			
14. Addiction to drugs or alcohol			
15. Surgery or advised to have surgery			
16. Taking medication regularly			
17. Allergies or skin problems			
18. Other illness, injury not named above			

**PHYSICAL EXAMINATION TO BE COMPLETED BY THE PHYSICIAN**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Laboratory \_\_\_\_\_ Blood: \_\_\_\_\_ HCT \_\_\_\_\_  
 (Date) Urine: Sugar \_\_\_\_\_ Albumin \_\_\_\_\_

**SYSTEM EXAMINATION:**

	Comments	Check if OK
Eyes:		
Ears:		
Nose:		
Throat:		
Neck:		
Skin:		
Heart:		
Lungs:		
Abdomen, groin, genitals:		
Spine extremities:		

Cleared for unrestricted participation: \_\_\_\_\_  
 Cleared, but restricted participation \_\_\_\_\_ Not Cleared \_\_\_\_\_  
 Comments: \_\_\_\_\_

Physician's Name)

(Physician's Signature)

(Date)