Athletic physicals must be performed **within one year of the completion** of the particular sport's season.

LINCOLN COLLEGE
REPORT OF HEALTH EVALUATION

TO THE EXAMINING PHYSICIAN: Please review the student's history and complete this physical examination form. Please comment on all positive answers. The information supplied will be used only by the Health Service and Athletic Staff and will be kept confidential.

_____ Sex M___ F___
Last Name First Name Middle Initial

_____
Address City State Zip Code

_____
Date of Birth

B/P / Pulse_____ Temperature_____ Height_____ inches Weight_____pounds

Corrected Vision: Right 20/ Left 20/ Contact Lenses: Yes_____ No_____

Urinalysis: Sugar_____ Albumin_____ Micro (if indicated)_____

Hemoglobin_____Gm% Hematocrit_____%

EVALUATION OF SYSTEMS: Please comment about any Abnormalities below:

	Normal	Abnormal
Head, Eyes, Ears, Nose, Teeth, Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

Is there loss or seriously impaired function of any paired organ? Yes_____ No_____

Allergies_____

Have you any general comments?_____

Does this student have special dietary requirements? Yes____ No____ If so, what?_____

Is this student now under treatment for any medical or emotional condition? Yes____ No____ If so, what?_____

_____

If student is seizure-prone, is he/she controlled by medication? Yes____ No____ If no, frequency of seizures_____

If yes, what medication(s)?_____

Do you have any recommendation regarding the care of this student? Yes____ No____ If yes, what?_____

_____ How long have you known this student?_____

Recommendations: _____Class I Unlimited (all forms of athletics) _____Class III Restricted (supervised physical education)
_____Class II Modified (all but most strenuous activities) _____Class IV Deferred (temporary disability)

If any EXCEPT Class I, please specify restrictions & time period for restrictions:_____

PHYSICIAN'S SIGNATURE_____

PRINT PHYSICIAN'S NAME_____

ADDRESS_____

TELEPHONE_____ FAX NUMBER_____ EXAMINATION DATE_____