



**HENRY FORD COLLEGE  
2023-2024 MEDICAL EXAMINATION**

NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_ Gross Vision R\_\_\_\_ L\_\_\_\_ Pupils R\_\_\_\_ L\_\_\_\_ Urinalysis \_\_\_\_\_

EXAMINATION	NL	ABN	COMMENTS
1. Heart			
2. Lungs			
3. Skin			
4. Abdomen: Spleen Liver			
5. Hernia			
6. External Genitals			
7. Upper Extremities: ACJT's Symm ROM			
8. Spine: Neck Fwd. Bend Curve			
9. Lower Extremities: Gait I Hop Duck Symm ROM			

( ) Satisfactory Examination ( ) Further Examination Regarding: \_\_\_\_\_

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Cleared for: ( ) Baseball ( ) Basketball ( ) Softball ( ) Volleyball ( ) Golf ( ) Wrestling. ( ) Roller Hockey

Date: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_



PHYSICIAN'S PHONE #: \_\_\_\_\_ PHYSICIAN'S ADDRESS: \_\_\_\_\_

**Henry Ford College  
Intercollegiate Sports Examination  
(to be completed by student-athlete)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Student # \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

HAVE YOU EVER HAD THE FOLLOWING?	YES	NO	DETAILS
1. Injury that kept you from playing sports for more than one day?			
2. Head injury of any kind?			
3. Loss of consciousness or fainting?			
4. Neck or back pain or injury?			
5. Broken bones or fractures?			
6. Problems with joints?			
7. Pulled muscles, ligaments or sprains?			
8. Hernia or rupture?			
9. An operation of any kind?			
<b>DO YOU TAKE MEDICATION FOR ANY OF THE FOLLOWING?</b>			
1. Asthma or allergies?			
2. Heart problem?			
3. Rheumatic Fever?			
4. High blood pressure?			
5. Diabetes?			
6. Epilepsy or Convulsions?			
7. Sickle Cell or other Anemia?			
<b>ARE YOU ALLERGIC TO ANY MEDICATIONS?</b>			
<b>HAS ANYONE IN YOUR FAMILY DIED OF A HEART ATTACK UNDER THE AGE OF 50?</b>			

I certify that to the best of my knowledge the above information is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_