



2024-25 HENRY FORD COLLEGE

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: _____

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

Date: _____ Physician/Physician Assistant name: _____

Physician/Physician Assistant Signature: _____

Physician/Physician Assistant Address: _____

Physician/Physician Assistant Phone: _____



**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?			
DO YOU TAKE MEDICATION FOR ANY OF THE FOLLOWING?			
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?			
ARE YOU ALLERGIC TO ANY MEDICATIONS?			
HAS ANYONE IN YOUR FAMILY DIED OF A HEART ATTACK UNDER THE AGE OF 50?			

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

Signature: _____ Date: _____