

The University of North Texas Sports Medicine Department

GENERAL ATHLETIC PHYSICAL

ATHLETE'S LAST NAME	FIRST NAME	SPORT	TODAY'S DATE

BODY PART	NORMAL	ABNORMAL	COMMENTS
Head			
Eyes			
Ears			
Nose			
Mouth / Throat			
Neck			
Thorax / Lungs			
Heart			
Abdomen			
Hernia			
Extremities			
Neurological			
Skin			

Height: _____ ft. _____ inches **Weight:** _____ lbs.

Blood Pressure: _____ / _____ **Pulse:** _____ bpm.

History of Asthma: Y / N **Glasses:** Y / N **Contacts:** Y / N

Drug Allergies: _____

Physician's Comments: _____

Is the patient physically capable of competing in Intercollegiate Athletics? Yes / No

Physician's Signature

Date

Physician's Name

Office Phone #

The University of North Texas Sports Medicine Department

ORTHOPEDIC PHYSICAL

ATHLETE'S LAST NAME	FIRST NAME	SPORT	TODAY'S DATE

BODY PART	NORMAL	ABNORMAL	COMMENTS
Neck			
Spine			
Shoulder – Right			
Shoulder – Left			
Elbow – Right			
Elbow – Left			
Wrist – Right			
Wrist – Left			
Hand – Right			
Hand – Left			
Hip – Right			
Hip – Left			
Thigh – Right			
Thigh - Left			
Knee – Right			
Knee – Left			
Lower Leg – Right			
Lower Leg – Left			
Ankle – Right			
Ankle - Left			
Foot – Right			
Foot - Left			

Physician's Comments: _____

Is the patient physically capable of competing in Intercollegiate Athletics? Yes / No

 Physician's Signature

 Date

 Physician's Name

 Office Phone #