



1200 GRANDVIEW AVENUE • DES MOINES, IOWA 50316-1599  
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**ATTENTION:  
THIS FORM MUST BE RETURNED PRIOR TO PARTICIPATION IN ATHLETICS  
ATHLETIC PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Sport \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender  Female  Male

Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Uncorrected Vision**

Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

**Corrected Vision**

Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

**Physical Examination**

1. Eyes  Ok

2. Ears  Ok

3. Nose  Ok

4. Throat  Ok

5. Skin  Ok

6. Heart  Ok

7. Lungs  Ok

8. Abdomen  Ok

9. Extremities  Ok

10. Spine  Ok

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Status**

Cleared for full activity  Cleared, with restrictions  Not cleared for activity

**Comments, Restrictions, Other medical concerns: (i.e., asthma, diabetes, meds, allergies, etc.)**

\_\_\_\_\_

Physician signature

Date