

PHYSICAL ASSESSMENT (To be completed by a physician or a nurse practitioner/physicians assistant)

Name: _____ Date: _____ Age: _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____

Height: _____ Vision: R: _____ / _____ corrected / uncorrected Glasses? Yes No

Weight: _____ L: _____ / _____ corrected / uncorrected Contacts? Yes No

Pulse: _____ Blood Pressure _____ / _____ Hearing: _____

	Normal	Abnormal	Comments
Eyes, Ears, Nose, Throat, Mouth & Teeth			
Neck, Thyroid			
Cardiovascular			
Chest & Lungs			
Abdomen			
Skin			
Genitalia-Hernia			
Testicular Exam			
Musculoskeletal: ROM, strength, etc.			
neck <input type="checkbox"/> shoulders <input type="checkbox"/> arms <input type="checkbox"/>			
hands <input type="checkbox"/> back <input type="checkbox"/> hips <input type="checkbox"/>			
knees <input type="checkbox"/> feet <input type="checkbox"/> legs <input type="checkbox"/>			
Neurological			
Women only: (if available) Date of last gynecological exam: Pap smear date & result:			
Breast Exam			
Please comment on whether further evaluation or care is needed:			

Have you discussed safer sex issues with this applicant? Yes No

Does this applicant smoke cigarettes? Yes No If yes, have you discussed the risk? Yes No

Has education about the use of alcohol, steroids, dietary supplements and other drugs been offered to this applicant? Yes No

Recommendations for Physical Activity: Exercise programs & use of fitness equipment.
Unlimited Limited

Intercollegiate & Recreational Sports: Is this applicant capable of participating in a full program of college study, including participation in intercollegiate sports/intramural or club sports?
Yes No If no, please comment:

I have reviewed past history and have done exam.

Practitioner's Signature: _____ Date: _____

Please print name & address: _____

Telephone: _____

Return original to:

UNH Health Services, 12 Ballard St., Durham, NH 03824. Telephone Number (603) 862-1530.

If participating in Division I Intercollegiate Sports, please mail a copy of the physical assessment form to:

UNH Athletic Training 145 Main St., Field House, Durham, NH 03824

If participating in Club Sports, please mail a copy of the physical assessment form to:

Sport Club Coordinator, Hamel Center, 128 Main St., Durham, NH 03824.

Student: *I give consent for this form to be copied and released to the Athletic or Club Sports Department upon request. (Please complete in case permission is needed at a later date.)*

Signature: _____ Date: _____