

## PHYSICAL EXAMINATION FORM

### San Diego Rowing Club – Juniors Program 2016 – 2017 Season

**Rower Name:** \_\_\_\_\_

**Review of Medical History:**

Pertinent past medical history:

\_\_\_\_\_

Current medical disorders:

\_\_\_\_\_

List all medications (both routine and p.r.n):

\_\_\_\_\_

**Physical Examination:**

BP \_\_\_\_\_ HEIGHT \_\_\_\_\_ VISION \_\_\_\_\_

NEUROLOGICAL \_\_\_\_\_ HEAD/NECK \_\_\_\_\_ CHEST/AIRWAY \_\_\_\_\_

SKIN \_\_\_\_\_ CARDIOVASCULAR \_\_\_\_\_ ABDOMEN \_\_\_\_\_

GENITALIA/HERNIAS \_\_\_\_\_ MUSCULOSKELETAL \_\_\_\_\_ STRENGTH \_\_\_\_\_

TANNER STAGE (1-5) \_\_\_\_\_ AGE OR MENARCHE (females) \_\_\_\_\_

Description of abnormalities above: \_\_\_\_\_

**Recommendations:**

\_\_\_\_\_ There are no restrictions or special considerations to participation in the crew/rowing athletic program.

\_\_\_\_\_ The following are limitations or special considerations:

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

\_\_\_\_\_ This person is disqualified from sports until further evaluation.

**Physician or Nurse Practitioner Statement/Signature:**

I, the undersigned am licensed to elicit and interpret the medical history, pharmaceutical history and clinical findings of a complete health assessment for participation in an athletic program. I have completed this assessment and recorded all pertinent findings above.

\_\_\_\_\_  
Physician or Nurse Practitioner Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address