



SUNY College of Technology

10 Upper College Drive
Alfred, New York 14802

Student Health Services
Alfred: (607) 587-4200
FAX: (607) 587-4203
Wellsville: (607) 587-3141
FAX: (607) 587-3198

SPORTS PHYSICAL **DATE** _____

STUDENT'S NAME _____ DOB _____

PARTICIPATING SPORT _____

HISTORY OF ILLNESS, INJURY, HOSPITALIZATION, ETC., IN LAST YEAR
: _____

ANY MEDICAL HISTORY PERTINENT TO PARTICIPATING IN SPORTS? _____
IF YES, PLEASE DETAIL ANY RESTRICTIONS

EXAM: Macro U/A _____
BP _____
Wgt _____

	NL	ABNL	COMMENTS
HEENT _____			
LUNGS _____			
HEART _____			
ABDOMEN _____			
EXTREMITIES _____			
SPINE _____			
HERNIA? _____			

SELF BREAST EXAM TAUGHT (females) _____
SELF TESTICULAR EXAM TAUGHT (males) _____

FOLLOW UP REQUIRED: YES ___ NO ___ IF YES, FOR WHAT: _____

QUALIFIES _____
DOES NOT QUALIFY _____

SIGNATURE OF EXAMINER

Print Name

Address

Phone Fax

