

**CLARK UNIVERSITY MEDICAL RECORD
PART C - PHYSICAL EXAM
(Complete in Full)**

Social Security No.: _____

I have examined (Name) _____ (Date) ____ / ____ / ____ and found the following:

Height _____ Weight _____ BP _____ Pulse _____ Respirations _____

Vision: Without glasses Rt. 20/ _____ Left 20/ _____ With glasses Rt. 20/ _____ Left 20/ _____ Color Vision: Normal: Yes No

Hearing: Right Normal: Yes No Left Normal: Yes No Hearing Aid: Yes No

Laboratory tests as indicated: Hematocrit: _____ Gm% Cholesterol: _____ mg%

List all medication allergies: _____

No.	System	Normal		List # and describe abnormality	Required Cardiovascular Exam for Athletic Clearance
		Yes	No		
1.	Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cardiovascular Phys. Exam should emphasize: 1. Precordial auscultation (supine and standing) to identify murmurs, specifically related to the left ventricular outflow obstruction. 2. Assess femoral artery pulses to rule out coarctation. 3. Assess for physical stigmata of Marfan's Syndrome. 4. Assess brachial artery blood pressure while sitting.
2.	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	
3.	Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____	
4.	Nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____	
5.	Neck, thyroid	<input type="checkbox"/>	<input type="checkbox"/>	_____	
6.	Lymphatics	<input type="checkbox"/>	<input type="checkbox"/>	_____	
7.	Chest, breasts, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	
8.	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____	
9.	Abdomen, liver, kidneys	<input type="checkbox"/>	<input type="checkbox"/>	_____	
10.	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____	
11.	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	_____	
12.	Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	_____	
13.	Rectal	<input type="checkbox"/>	<input type="checkbox"/>	_____	
14.	Extremities, back, spine	<input type="checkbox"/>	<input type="checkbox"/>	_____	
15.	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____	
16.	Psychological	<input type="checkbox"/>	<input type="checkbox"/>	_____	

I have known the applicant _____ years. The applicant is in excellent good poor health.

The following abnormalities should be noted:

The applicant does does not have history of emotional, psychological, or psychiatric disturbance and is is not presently under psychotherapy.

The applicant is is not adequately immunized per guidelines.

The applicant does does not have a loss of or seriously impaired function of a paired organ.

The applicant should should not have additional medical psychological evaluation therapy.

Applicant may participate in sports without a restriction with the following restrictions _____

Should not participate in sports. Reason for limiting activity or sports _____

_____ MD/NP/PA _____ MD/NP/PA
Type or Print Signature

**Send completed form to Director of Health Services
Clark University**

950 Main Street, Worcester, MA 01610-1477

* Please call Clark University Health Service if local provider information is needed at 508-793-7467. *

Date: _____