

USF Returning Athlete Physical Form

PART I:

Name _____ Home phone () _____
Last First Middle

Address _____ Date of Birth _____
Street City State Zip

Female Male Single Married

In case of any emergency, please contact

Name: _____ Relationship _____ Home _____ Work No. _____

1. Do you have any injury from last year that is still bothering you or any new injury since the end of last school year?
 YES NO

If so, please explain _____

2. Has any family member died at any age less than 50 due to a heart condition?
 YES NO
3. Have you had any loss of consciousness or dizziness in the last 6 months or a history of epilepsy?
 YES NO

4. List any and all medication you are taking at this time.

I certify the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the university of any changes in my health status that are relevant to the information requested by this form.

Signature of Student _____ Date _____

DO NOT ANSWER ANYTHING BELOW THIS LINE

Height: _____ Weight: _____
Blood Pressure: _____ Pulse: _____

I certify that this athlete is cleared to participate in sports at the University of Saint Francis, Fort Wayne, IN.

Signature of physician/ATC _____