BECKER COLLEGE
Student Health Record

PHYSICAL EXAMINATION
Must be completed and signed by healthcare provider

All new/transfer students are required to provide proof of a physical exam w/in one year of entry to Becker.
Student/Athletes entry physical must be w/in 6 months of start of season, & yearly updates. (NCAA regulation.)

Name_____ **Date of Birth** _____

Height_____ **Weight**_____ **Blood Pressure**_____ **Pulse**_____
Respiratory Rate_____ **Vision: L**_____**R**_____ **Pupils Equal**_____ **Unequal**_____

Date of Physical Exam:_____

	WNL	ABNORMAL	COMMENTS
MEDICAL			
Skin	□	□	
Lungs	□	□	
Heart	□	□	
Reflexes	□	□	
Nodes: Neck	□	□	
Axilla			
Abdomen	□	□	
Genitalia	□	□	
MUSCULOSKELETAL	□	□	
Neck	□	□	
Spine/Back	□	□	
Shoulder/Arm	□	□	
Elbow/Wrist	□	□	
Hip/Thigh	□	□	
Knee	□	□	
Lower leg/ankle	□	□	
Foot	□	□	

MEDICAL CLEARANCE: required for all academic and athletic programs

□Full participation/contact/collision
□Limited participation/contact/collision
□No participation/contact
□Noncontact: non-strenuous
□Clearance deferred/ no participation at this time

Restrictions/medical equipment/comments:_____
Prescription Medication List:_____
Asthma? □ no □ yes: If so, provide copy of plan/prescription

Sickle Cell Testing required for all student-athletes as an NCAA regulation. Please upload a copy of the lab report.

_____/_____/_____/_____
Physician's Signature **Print name** **Date of physical** **Date of visit**

_____ _____ _____ _____ _____
Address (Street, City) State Zip Office Phone # Fax #