

PHYSICAL EXAMINATION FORM

San Diego Rowing Club – Juniors Program 2017 – 2018 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