

## PHYSICAL EXAMINATION FORM

### San Diego Rowing Club – Juniors Program 2018 – 2019 Season

**Rower Name:**

**Review of Medical History:**

Pertinent past medical history:

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Current medical disorders:

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List all medications (both routine and p.r.n):

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#### 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:

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\_\_\_\_\_ 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