

SAN DIEGO STATE

ATHLETIC TRAINING

San Diego State University Athletic Medical Examination

Name: _____

Red ID# : _____ - _____ - _____
 Eligibility: Fresh Soph Jr Sr 5th yr 6th yr

Sport: _____

I. I have not had any illness or injury; or developed any new symptoms since I completed the Health History Form on _____ Signature _____

If Ht. > 6'0" male or 5'10" female measure:
 Symph to floor = _____ arm span _____
 UB/LB ratio (cm) _____ **is is not** < 0.89
 Arm span/height (cm) _____ **is is not** > 1.05

II. Health History Form reviewed (Staff initials _____)

EXAM: Ht. _____ inches _____ cm Wt. _____ P: _____ BP: _____ / _____ Temp: _____ BTrackS: _____

BMI = _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal ___ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eye/Ears/Nose /Throat		
Neuro		
Heart		Exam performed supine, standing, & with valsalva
Carotid/Femoral Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		

Medical exam performed by: _____

MUSCULOSKELETAL

Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot		
Other		<input type="checkbox"/> No physical stigmata of Marfan's

Orthopedic exam performed by: _____

CLEARANCE:

- Cleared** - Based on my examination of this patient, I determine he/she can fully participate in intercollegiate athletics @ SDSU
- Not cleared - pending sickle cell trait status: _____
- Not cleared - pending completion of rehabilitation for: _____
- Not cleared - decision deferred pending further work-up or obtaining records for: _____
- Not cleared for: _____

COMMENTS and RECOMMENDATIONS:

Sickle Cell Trait Status:
 Known Status _____
 Testing Ordered/Pending

Signature of physician _____

Name of physician _____

Date _____