

# PHYSICAL EXAMINATION

**\*\*Due prior to starting conditioning \*\***

PARTICIPANTS NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

**TO PHYSICIAN: YOUR CAREFUL EXAMINATION AND WRITTEN RECOMPENDATION WILL ENCOURAGE PERSONAL FITNESS AND SAFE PARTICIATION IN STRENUOUS SPORTS ACTIVITIES. PLEASE COMPLETE THE FOLLOWING PHYSICAL EVALUATION AND REVIEW MEDICAL HISTORY WITH PARTICIPANT.**

**NORMAL**

**ABNORMAL**

|       |                                 |       |
|-------|---------------------------------|-------|
| _____ | <b>WEIGHT:</b> _____            | _____ |
| _____ | <b>EYES, EARS, NOSE, THROAT</b> | _____ |
| _____ | <b>BLOOD PRESS</b>              | _____ |
| _____ | <b>HEART</b>                    | _____ |
| _____ | <b>OS, LUNGS</b>                | _____ |
| _____ | <b>ABDOMEN</b>                  | _____ |
| _____ | <b>HERNIA</b>                   | _____ |
| _____ | <b>EXTREMETIES</b>              | _____ |
| _____ | <b>SPINE (POSTURE)</b>          | _____ |

## MEDICAL HISTORY

**CHECK ANY OF THE FOLLOWING ILLNESSES OR SYMPTOMS THAT HAVE OCCURRED TO THE PARTICIPANT IN THE PAST OR PRESENT TIME.**

\_\_\_ **ASTHMA**      \_\_\_ **FAINTING**      \_\_\_ **DIABETES**  
\_\_\_ **HEADACHES**      \_\_\_ **HEART TROUBLE**      \_\_\_ **CONVULSIONS**

**ALLERGIES:** \_\_\_\_\_

**MEDICATION ALLERGIES:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHYSICIAN, INTERN, OR RN**