



Valdosta State University
Athletic Medical Examination - Club Sports

Name: _____
Sport: _____

VSU ID# _____ - _____ - _____

List an past or present medical conditions that may affect performance: _____

List medications: _____

EXAM: Height: _____ Weight: _____ (%) Pulse: _____ BP: ____/____

Normal Abnormal Findings Dr. Initials

Table with 4 columns: Medical, Normal, Abnormal Findings, Dr. Initials. Rows include: Medical, Appearance, Eye/Ears/Nose/Throat, Neuro, Heart, Cardiac, Lungs, Abdomen, Skin, MUSCULOSKELETAL.

Medical exam performed by: _____

CLEARANCE:

- Clearance options: Cleared - Based on my examination of this patient, I determine he/she can fully participate in club sports at VSU; Cleared after completing rehabilitation for: _____; Not cleared for: Reason: _____; Clearance decision deferred pending further work-up or obtaining records.

COMMENTS and RECOMMENDATIONS:

Signature of physician or practitioner Print name/phone number Date

I authorize the disclosure of this medical information to the Valdosta State University Campus Recreation Department

Signature