

# Waldorf College - Athletic Physical Form

Eligibility rules of Waldorf College require a yearly physical examination for athletes.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Physician's Certificate

I have examined the student named above and indicate the results as follows:

Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Reflexes: \_\_\_\_\_

Skin: \_\_\_\_\_

Glands: \_\_\_\_\_

Head: \_\_\_\_\_

Ears, Nose, Throat: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

H & H (if indicated): \_\_\_\_\_

I have found no reason that would make it medically inadvisable for this student to compete in intercollegiate athletic activities.

Signed: \_\_\_\_\_ ( M.D. / D.O.) Date: \_\_\_\_\_

Name of Clinic and Phone Number: \_\_\_\_\_

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## Insurance Information:

Name of insurance and address: \_\_\_\_\_

Policy and/or group number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

**\*\* Please attach a copy of your insurance card to this form – thanks!**