

**SAN DIEGO MESA COLLEGE
MEDICAL EXAMINATION RECORD**

Name _____ Sport _____ Date of Birth _____
Last First M.I.

SSN _____ Home phone _____

This form must be completed in full and signed by the examining physician (**MD or DO only**). Please return this form with a **stamp or business card** from the examining physician in case it is necessary to obtain further information regarding this examination.

Physical Examination Report:

Date _____

Orthopedic Examination:

Height _____

Foot and Ankles _____

Weight _____

Knees _____

Pulse _____

Hips _____

Blood Pressure _____

Back _____

Heart _____

Neck _____

Eyes _____

Shoulders _____

Ears _____

Elbows _____

Nose _____

Wrist and Hands _____

Throat _____

Please review and comment on the following

Lungs _____

problem areas: _____

Hernia _____

Neurological _____

Comments: _____

I have reviewed this student's medical history and have examined the subject individually. It is my opinion that this student may participate in a sport, including body contact sports. I can encourage participation, but not in any way guarantee, the personal fitness and safety of this athlete for the proposed activities.

Date of Examination _____ Signature of Examining Physician _____

Office Phone Number _____