



# BROWN UNIVERSITY

**Return to:** Health Services, Box 1928, Providence, Rhode Island 02912  
401-863-3953

## SUPPLEMENTAL ATHLETIC PHYSICAL FORM

*To be completed by your medical provider*

Examination (within the past 6 months) and completion of this form is required if the student expects to enter intercollegiate athletics. Failure to submit a completed form will result in delayed team participation. In compliance with NCAA regulations, we cannot clear a student to practice or participate in any team sport without a completed history and physical on file.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Banner I.D. #: B00 \_\_\_\_\_ In which sport(s) do you expect to compete? \_\_\_\_\_

Physical Exam Date of Exam:	✓ Normal	✓ Abnormal	Explanation of Abnormal Finding (For continuity of care, we request that medical records be forwarded for chronic serious medical conditions.)	
HEENT (include fundi)				
Lungs & Chest				
Heart (including murmurs)				
Abdomen				
Hernia / Testicles				
Extremities / Pulses (document femoral)				
Musculoskeletal				
Skin				
Lymph Nodes / Neck / Thyroid				
Neurologic (including DTR's)				
Breast Exam				
Gross Hearing Screen				
Visual Acuity	R20 /	L20 /	<input type="checkbox"/> corrected <input type="checkbox"/> uncorrected (athletes must have 20/40 corrected)	
Urine Dip	<input type="checkbox"/> Negative		<input type="checkbox"/> Abnormal	
Height	Weight	Pulse	Respiration	Blood Pressure

### ORTHOPEDIC EXAMINATION

Provider Instructions	Observation	Describe Abnormals
Check for physical stigmata of Marfan's	Very tall; long limbs, fingers/hands; pectus deformities; kyphoscoliosis; high arched palate; arm span exceeds height; upper body short compared to lower	
Look at ceiling, floor over both shoulders; touch ears to shoulders	Acromioclavicular joints, general habitus; cervical spine motion	
Shrug shoulders (examiner resists)	Trapezius strength	
Abduct shoulders 90 degrees (examiner resists at 90 degrees)	Deltoid strength	
Full external rotation of arms	Shoulder motion	
Flex and extend elbows	Elbow motion	
Arms at sides, elbows 90 degrees Flexed; pronate and supinate wrists	Elbow and wrist motion	
Spread fingers; make fist	Hand or finger motion and deformities	
"Duck walk" four steps (away from examiner with buttocks on heels)	Hip, knee, ankle motion	
Back to examiner	Shoulder symmetry, scoliosis	
Knees straight, touch toes	Scoliosis, hip motion, hamstring tightness	
Raise up on toes, raise heels	Calf symmetry, leg strength	

✓	Participation in Sports	Explanation
	Without restrictions	
	Should not participate in sports	
	May participate with the following restrictions:	
	Medical or orthopedic problems must be evaluated before participation is allowed	

Signature of Physician/Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Medical Provider Name: (Please Print) /Clinic Stamp \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_