WHITMAN COLLEGE

Varsity Student-Athlete
Pre-Participation Physical Examination

Last Name _____ First Name _____ Date _____

Whitman ID # _____ Year of Eligibility ☐ Freshman ☐ Soph. ☐ Jr. ☐ Sr. ☐ 5th Yr.

Date of Birth _____ Sex: ☐ Male ☐ Female Sport(s) _____

To be filled out by medical professional

Height: _____ Weight: _____ Pulse (Rest): _____ Blood Pressure (Rest): _____/_____

Eyes: L20/_____ R20/_____ With / Without Correction Pupils: R (=) L Contacts: Yes / No

	Normal	Abnormal findings	Initials
MEDICAL			
Eyes/ears/nose/throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Blood work warranted? Yes / No Urine analysis warranted? Yes / No Echo/EKG warranted? Yes / No
*Please include test results

PHYSICIAN CLEARANCE/RECOMMENDATIONS

☐ Cleared. The above named person has completed this Health Screening for Intercollegiate Athletics at Whitman College. No medical reason was found to disqualify him or her from participation in any varsity sport.

☐ Cleared after completing further evaluation or rehabilitation for: _____

_____

☐ Not cleared for: _____ Reason: _____

_____

Recommendations: _____

_____

Name, address and phone of physician –*please include stamp* _____

_____ _____
Signature of physician Date