OLD DOMINION UNIVERSITY
ATHLETIC PHYSICAL EXAMINATION FORM

Name:_____ **Sport**:_____**Date**:_____

Circle Year In School: Freshman – Sophomore – Junior - Senior

Height:_____**Weight**:_____ **Pulse**:_____ **Blood Pressure**:_____

VISION CHECK

Right Eye:_____ **Left Eye**:_____ **Examiner's Initials**:_____
Follow-up Needed: YES NO **Comments**:_____

ENT CHECK

Ears:_____ **Nose**:_____
Throat:_____ **Neck:**_____
Follow-up Needed: YES NO **What Test(s)?**_____
Examiner's Initials:_____

INTERNAL CHECK

Heart:_____ **Lungs:**_____
Abdomen:_____ **Hernia:**_____
Follow-up Needed: YES NO **What Test(s)?**_____
Examiner's Initials:_____

ORTHOPEDIC CHECK

Comments:_____
_____
Follow-up Needed: YES NO **What Test(s)?**_____
Examiner's Initials:_____

DENTAL CHECK

Comments:_____
Follow-up Needed: YES NO **What Test(s)?**_____
Examiner's Initials:_____

TWO LEGGED DROP JUMP TEST

Positive:_____ **Negative:**_____ **Comments:**_____
Follow-up Needed: YES NO **Examiner's Initials:**_____