



Bowling Green State University Athletic Department

2016-2017

64. HEAD (concussion- 'knocked out', surgery, hospitalization, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
65. FACE (fracture, eye, ear, nose, surgery, other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
66. NECK (strain, fracture, stingers, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
67. SHOULDER (dislocation, strain, sprain, rotator cuff injury, tendonitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
68. ARM/ELBOW (sprain, strain, tendonitis, fracture, dislocation, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
69. WRIST/THUMB/HAND (sprain, strain, tendonitis, fracture, dislocation, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
70. FINGERS (sprain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
71. CHEST (pain, lungs, heart, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
72. ABDOMEN (kidney, spleen, appendix, liver, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
73. GENITALIA (groin, testicle, ovary, warts, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
74. BACK (strain, sprain, fracture, chronic pain, disc, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
75. HIP/HIGH (strain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
76. KNEE (sprain, cartilage, bursitis, tendonitis, patella, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
77. LOWER LEG (sprain, strain, fracture, tendonitis, shin, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
78. ANKLE (sprain, strain, fracture, tendonitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
79. FOOT (sprain, fracture, strain, tendonitis, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
80. TOES (sprain, fracture, surgery, other)	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No
81. OTHERS:	<input type="checkbox"/>	<input type="checkbox"/>	LT	RT		Yes	No

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	Yes	No	Date	Explain
82. Anorexia, Bulimia, or any other eating disorders?	<input type="checkbox"/>	<input type="checkbox"/>		
83. Do you want to weigh more or less than you do right now?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
84. Have you ever induced vomiting to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
85. Have you ever used laxatives, diuretics, or diet pills for weight loss?	<input type="checkbox"/>	<input type="checkbox"/>		
86. Are you currently taking any vitamins, minerals, or supplements?	<input type="checkbox"/>	<input type="checkbox"/>		
87. Are there any food groups you choose not to eat (meat, dairy, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
88. What is your ideal weight?	Weight:		LBS	
89. What Foods, (including supplements), have you eaten in the last 24 hours?				
Breakfast:				
Lunch:				
Dinner:				
Snacks:				

THE UNDERSIGNED ATHLETE:

- Understands that he/she must refrain from practices or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he/she is discharged from treatment or is given permission by a Bowling Green State University Team Physician to restart participation despite continuing treatment.
- Understands that having passed the physical examination does not mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of the said evaluation.
- Certifies that the answers to the above questions are correct and true to the best of his/her knowledge.

ATHLETE's SIGNATURE: _____ DATE: _____

PARENT's SIGNATURE: _____ DATE: _____
(required if athlete is under 18 years of age)

I have reviewed this history with the student-athlete, documented all yes answers, and requested all necessary medical records.
BGSU MEDICAL STAFF SIGNATURE: _____ DATE: _____

Roll Along!

Revised March 2015



**Bowling Green State University
Athletic Department**

2016-2017

Physical Examination

Name: _____
 Height: _____ Weight: _____ % Body Fat (optional): _____
 Vision: L 20/____ R 20/____ Corrected Y N Glasses Y N Contacts Y N Pupils: Equal Unequal
 Pulse: _____ BP: Left arm ____ / ____ Right Arm ____ / ____
 (PRN BP Recheck or position) Left arm ____ / ____ Right Arm ____ / ____

	NORMAL	Comments regarding Abnormal Findings	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

STATUS

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____
 Recommendations: _____

Name of examiner (Print/type): _____ Date: _____
 Address of examiner: _____ Phone: _____
 Signature of examiner: _____

Modified from the form approved by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy of Sport Medicine.

February 2010

Roll Along!

Revised March 2015