

NJCAA Physical Examination Form

Name _____ Birthdate _____

Sport(s) _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

	Normal	Abnormal	Comments
HEEN			
HEART			
MURMUR			
PULSE			
CHEST			
ABDOMINAL			
HERNIA			
MASSES			
EXTREMITY			

ORTHOPAEDIC ASSESSMENT

	Normal	Abnormal	Comments
Neck			
Shoulder			
Elbow			
Wrist & Hand			
Back			
Knee			
Ankle			

I, the undersigned physician, after performing a physical examination upon this individual, find that:

{ } The individual, in my opinion is healthy and able to participate in the indicated sport(s) at the collegiate level.

{ } The individual, in my opinion should NOT be allowed to participate in the indicated sports at the collegiate level.

Reason for disqualification: _____

Physician Signature: _____ Date of examination: _____

Physician Name: _____

Address _____

Telephone _____