

**LAKE FOREST COLLEGE STUDENT ATHLETIC PHYSICAL EXAMINATION
AMERICAN HEART ASSOCIATION CARDIOVASCULAR SCREENING**

DATE	SPORT	FR / SO / JR / SR
NAME	BOX#	DORM
PHONE		
DATE OF LAST TETANUS	ALLERGIES	MEDS

Please ask the following questions to your patient:

DO YOU HAVE OR HAVE YOU EXPERIENCED:	YES	NO	DO YOU HAVE OR HAVE YOU EXPERIENCED:	YES	NO
1. Chest pain, chest discomfort or palpitations with exercise?			6. History of elevated blood pressure?		
2. Fainting spells or dizziness with exercise?			7. Family history of sudden death of someone less than 50?		
3. Excessive or unexpected shortness of breath with exercise?			8. Family history of severe cardiac disease or heart condition?		
4. Excessive fatigue with exercise?			9. Family history of Marfan's disease?		
5. History of heart Murmur?					

SIGNIFICANT PAST MEDICAL HISTORY:

HEIGHT	WEIGHT	VISUAL ACUTY (glasses/contacts)	B/P (brachial-sitting)	P (pressure ausc.)	FEMORAL ARTERY PULSES	RESP	EVIDENCE MARFAN'S
		R	SYS	Stand			Yes
		L	DIAS	Supine			No

	NL	ABN	COMMENT		NL	ABN	COMMENT
EYES				ABDOMEN			
• Conjunctiva				• Liver			
• Pupils				• Spleen			
• Fundi				• Palpitation			
• E.O.M.'s				MUSCULOSKELETAL			
EARS / HEARING				• Spine			
• Canals				• Posture/Gait			
• TM's				EXTREMITIES			
NOSE/THROAT/MOUTH				• Upper			
• Teeth/Gums				• Lower			
• Pharynx/Tonsils				SKIN			
• Septum/Sinuses				NEURO-PSYCH			
NECK				• DTR's			
• Thyroid				• Speech			
• Cervical LN's				• Affect			
CHEST				G-U, MALE			
• Auscultation				• Hernias			
• Breasts				• Scrotum			
• Axillary LN's				• Testes			
HEART				• Kidneys			
• Rhythm				G-U, FEMALE			
• Murmur				• Pelvic			
				• PAP			
				• Kidneys			

- There are **NO RESTRICTIONS** to participate in intercollegiate sports.
- The student is **RESTRICTED** from participation in intercollegiate sports as follows:
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PROVIDER SIGNATURE	PRINT NAME
ADDRESS	
PHONE	FAX