

**Southern State Community College  
Student Athlete  
Health Examination Record**

STUDENT'S NAME \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BP \_\_\_\_\_ PULSE \_\_\_\_\_

Abnormal Physical Findings (including: infectious, contagious, or cardiovascular disease):  
\_\_\_\_\_

Should there be any limitations placed on athletic participation? Yes \_\_\_ No \_\_\_  
Recommendations:  
\_\_\_\_\_

Optional Test:

Vision R \_\_\_\_\_ L \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis Albumin \_\_\_\_\_ Sugar \_\_\_\_\_ Micro (if either test abnormal)

Blood Count HGB \_\_\_\_\_ or HCT \_\_\_\_\_

Oral Exam

I certify that I have on this date examined this student and that, on the basis of the examination requested by the college authorities and the student's medical history as furnished to me, I have found no reason which makes it medically inadvisable for this student to compete in supervised athletic activities. (Note exceptions above.)

PHYSICIAN'S NAME AND ADDRESS (Stamp or Print)

PHYSICIAN'S SIGNATURE \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_