University of Dubuque Physical Examination Form

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Student-Athlete Name_____ Birthdate_____Sport(s)_____

Height_____ Weight_____ Blood Pressure_____ Pulse_____

Vision: R eye_____ L eye _____ Contact Lenses Y N Color Blind Y N UD ID#_____

REQUIRED BLOOD LABS: All results must be submitted through ATS student portal

1. Hgb/Hct: _____

2. Sickle Cell screening (attach lab report)

NCAA mandated sickle cell testing, if the student-athlete cannot provide results from neonatal testing, re-testing is required.

MEDICAL EXAMINATION COMPLETED AFTER APRIL 1ST, 2026 (MUST BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTIONER (chiropractic physicals will not be accepted))

Normal	Abnormal		Comments
		HEENT	
		Endocrine	
		COVID-19 (date of infection, vaccine date(s), cardiac and pulmonary function)	
		Heart Rhythm/Murmur	
		Lungs	
		Integumentary	
		Abdomen	
		Reproductive	
		Lymphatic	
		Neurological (concussion)	
		Brain Health	
		General Orthopedic Examination	
		Neck	
		Shoulders	
		Elbow, Wrist, Hand	
		Back	
		Knee	
		Ankle and Foot	
		Flexibility	
		Reflexes	

1. Please indicate all surgeries and dates_____

2. Recommendations for follow-up appointments PCP, Ortho, Other (diabetes, hypertension, epilepsy, asthma, etc.):

_____

Is the student-athlete/patient physically able to participate in intercollegiate athletics? _____YES _____NO

Are there any exceptions? If so, specify _____

Provider Signature_____Date_____

Phone_____Fax_____

Revised April 2026