

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 attached with Physical Exam Form NCAA mandated sickle cell testing, if the student-athlete cannot provide results from neonatal testing, re-testing is required. Actual lab results must be attached to the physical exam form per NCAA rules.

Hgb/Hct: _____ Sickle Cell Lab results attached

MEDICAL EXAMINATION COMPLETED AFTER APRIL 1ST, 2020 (MUST BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER (chiropractic physicals will not be accepted))

Normal	Abnormal		Comments
		HEENT	
		Endocrine	
		Heart Rhythm/Murmur	
		Lungs	
		Integumentary	
		Abdomen	
		Reproductive	
		Lymphatic	
		Neurological (concussion)	
		Brain Health	
		GENERAL ORTHO EXAMINATION	
		Neck	
		Shoulders	
		Elbow, Wrist, Hand	
		Back	
		Knee	
		Ankle and Feet	
		Flexibility	
		Reflexes	

1. Please indicate all surgeries and dates _____

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

COVID-19: NCAA Core Principles of Resocialization of Collegiate Sport

1. Has the student-athlete been diagnosed with COVID-19 (circle appropriate responses)? YES NO Test confirmed Presumed Positive

2. Date Diagnosed with COVID-19 _____ Date Recovered from COVID-19 _____

3. Treatment Received _____ Hospitalized for COVID-19 YES NO Duration of Hospital Stay _____

4. COVID-19 Antibody Test Result _____

5. Special return-to-activity considerations if diagnosed with COVID-19 _____

(Please attached all test results and activity clearance notes related to COVID-19)

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 _____