

Bowdoin College Physical Examination Form

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Name: _____ Date of Birth: _____ Date of Exam: _____

Examination:			
Height:	Weight:	BMI:	BP: / Pulse:
Vision: R 20/	L 20/	Corrected: Y N	LMP:
Allergies:			COVID-19 history If yes, date: / / <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe *Please upload all diagnostic testing
Medications:			
Past Medical History:			
Medical:	Normal	Abnormal Findings	
Appearance <ul style="list-style-type: none"> Including Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, myopia, mitral valve prolapse [MVP] and aortic insufficiency) 			
Eyes, Ears, Nose and Throat: (Including: Pupils equal / Hearing)			
Lymph Nodes/Neck			
Heart <ul style="list-style-type: none"> Including murmurs (auscultation standing, supine and \pm Valsalva maneuver) 			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> Including Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA) or tinea corporis 			
Breasts (if indicated)			
Genital/Inguinal/Rectal (if indicated)			
Neurological			
Musculoskeletal:	Normal	Abnormal Finding	
Neck			
Back			
Shoulder and Arm			
Elbow and Forearm			
Wrist, Hand and Fingers			
Hip and Thigh			
Knee			
Leg and Ankle			
Foot and Toes			
Functional <ul style="list-style-type: none"> Double leg squat test, single leg squat test and box drop or step drop 			
Cardiac Screening: Athletes WILL NOT be cleared unless completed	Yes	No	
Prior exertional chest pain			
Prior exertional syncope/near syncope			
Excessive, unexplained shortness of breath or fatigue with exercise			
Prior history of heart murmur, heart infection or increased blood pressure			
Family history of premature death from cardiovascular disease in a relative younger than age 35			
Family history of hypertrophic or dilated cardiomyopathy, long QT syndrome or Marfan's syndrome			
Prior head injury or concussion			
Restricted eating, bingeing, purging or diagnosed eating disorder			
Medical Eligibility Form:	Yes	No	
Medically eligible for all sports without restriction			
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment: _____			
Medically eligible for certain sports:			
Not medically eligible pending further evaluation			
Not medically eligible for any sport			

I have examined the student on this form and completed the pre-participation physical evaluation. The student does not have apparent clinical contraindications to practice and participate in the sport(s) as outlined on this form.

Name of Health Care Provider:	Date:
Address:	Phone:
Signature of Health Care Provider:	Specialty: