

	YES	NO
13. Taking medication regularly	_____	_____
14. Allergies or breathing problems (asthma)	_____	_____
15. Other illness, injury within last 6 months	_____	_____
16. Menstrual problems	_____	_____
17. Have you ever blacked out	_____	_____

IF "YES" TO ANY OF THE ABOVE PLEASE PROVIDE ADDITIONAL INFORMATION:

*******TO BE COMPLETED BY PHYSICIAN*******

Height _____ Weight _____ Pulse _____

Blood Pressure _____ Hearing: Right _____ Left _____

Vision : Right _____ with/without glasses
Left _____ with/without glasses

System Examination	Comments	Initials
Group 1		
Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Neck	_____	_____
Group 2		
Skin	_____	_____
Heart	_____	_____
Lungs	_____	_____
Breasts	_____	_____

Laboratory Urinalysis

Result _____

Immunizations: Please complete the following and give booster if needed.

	Date	Booster		Date	Booster
Tetanus	_____	_____	Mumps	_____	_____
Diphtheria	_____	_____	Polio	_____	_____
Rubella	_____	_____	Whooping Cough	_____	_____
Rubeola	_____	_____	T.B. Test	_____	_____

Group 3 Abdomen, Groin, Genitals, Rectum

Group 4 Spine, Extremities

Cleared, unrestricted _____ Not cleared _____

Cleared, restricted _____ Further evaluation _____
Appointment to be made _____

Comments:

Physician's Signature: _____ Date: _____

Please Print or type:

Physician's Name _____ Phone _____

Address _____

THANK YOU!

TO: Tiffin University Athletes
FROM: Lonny Allen, Director of Athletics
DATE: August 1, 2009
RE: Pre-Season Physical Examination

The Athletic Department at Tiffin University is very concerned about “pre-season” physical examinations. In an effort to ensure your health and safety, you must have a **yearly** physical examination performed by a physician. Last year’s physical is no longer valid!

We believe that your family physician is better able to evaluate your current health status. He/she is aware of your family health history and can, therefore, detect any problems which may hinder your athletic performance.

In addition, all athletes must:

1. Have proof of primary health care coverage either through a family plan or Tiffin University.
2. Complete the physical exam form and return to the athletic department. Incomplete forms or no physical examination will prevent you from participating.
3. Indicate if you plan on purchasing the school insurance.

If you have any questions please call Jacqueline Crytzer (419) 448-3263, Kelly Daniel (419) 448-3453 or myself at (419) 448-3359.