

**UNIVERSITY OF THE INCARNATE WORD ATHLETIC TRAINING DEPARTMENT**  
**Spirit Team/Cheerleading/Dance Physical Examination**

The information contained in this physical examination form will be used by the Athletic Training Department of the University of the Incarnate Word for purposes of determining if you pose a health threat / risk to yourself on the athletic field and to determine any pre-existing health issues you may have. You may be asked to receive further testing and examinations per the physicians prior to participation. This information will remain **CONFIDENTIAL** at all times.

*This information is to be filled out by an athletic trainer, athletic training student, or physician.*

**General Information**

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ UIW ID# \_\_\_\_\_ Sport(s) \_\_\_\_\_

**General Medical Information**

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision – R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Yes / No  Glasses  Contacts  Male  Female

**Physical Examination**

Body Area	Normal	Abnormal	Deferred	Comments
HEENT				
Cardiac				
Lungs				
Abdominal				
Skin				
Genitalia				
Upper Extremity Joints				
Lower Extremity Joints				
Spine				
Additional Observations				

**Physician's Statement / Athlete's Clearance Level**

I certify that I have reviewed the student-athlete's medical history and examined the above student and I recommend:

- \_\_\_\_\_ Cleared
- \_\_\_\_\_ Clearance pending further evaluation or testing *(please explain)*
- \_\_\_\_\_ Clearance with limitations *(please explain)*
- \_\_\_\_\_ Disqualified from competition at UIW *(please explain)*

Explanations / Additional Comments

Name of examining UIW physician (circle one):

- Dr. Ralph Curtis      Dr. Eliot Young
- Dr. Paul Saenz      Dr. Timothy Palomera      \_\_\_\_\_ SMASA Fellowship Dr.

Other Physician / Address / Phone Number

Signature \_\_\_\_\_

Date Completed \_\_\_\_\_