

# WHEATON COLLEGE, IL MEDICAL EXAMINATION FORM

***This form will meet the medical exam requirement for general entrance and athletic participation. The medical examination must be within one year prior to date of entrance, unless student is an Intercollegiate Athlete, in which case the medical exam must be done 6 months or less prior to start of sport.***

TO THE EXAMINING MEDICAL PROVIDER†. Please review the student's medical history, complete the medical examination form, and comment on all abnormal answers. Please add any laboratory diagnostic exams that are age/medical history appropriate.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ ☐ M ☐ F Date of Birth \_\_\_\_\_

Wt.	Ht.	BMI <small>Please utilize the CDC.gov BMI calculator</small>	Pulse	B/P
LMP date:	Regular <input type="checkbox"/> Yes <input type="checkbox"/> No	How many periods in a year?	Medications:	Allergies:
Contact Lenses <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision:	Corrected: _____ Uncorrected: _____	R 20/_____ L 20/_____	Food Allergies:

## Clinical Evaluation

Check each item in appropriate column, at right. Enter "N.E." if not evaluated.	Normal	Abnormal	Check each item in appropriate column, at right. Enter "N.E." if not evaluated.	Normal	Abnormal
1. Appearance			16. Musculoskeletal Exam (all fields required for Intercollegiate Athletes)		
2. Skull, Scalp, Face, Neck, Thyroid			C-Spine		
3. Nose and Sinuses			Thoracic, Lumbar, Sacral Spine		
4. Mouth (tongue, gingivae, teeth)			Other		
5. Throat and Tonsils				<b>Left</b>	<b>Right</b>
6. Ears (Int. and Ext. canals)			Shoulder		
7. Eyes (pupils, E.O.M., conjunctiva)			Elbow		
8. Lungs and Chest (include Breasts)			Wrist		
9. Heart (rhythm, sounds, and Murmurs. Examine in sitting, recumbent, and left recumbent positions before and after exercise.)			Hand/Fingers		
10. Abdomen/Pelvis and Viscera (include hernia)			Hip		
11. Endocrine System			Upper Leg		
12. G-U System (optional for females) males: testes			Knee		
13. Skin			Lower Leg		
14. Lymphatic Glands			Ankle		
15. Nervous System			Feet/Toes		
			Other:		

**Required:** Recommendations for physical activity for intercollegiate, intramurals, club sports, travel abroad, general education requirements, internships. (Please complete or student cannot compete/participate):

\_\_\_\_\_ Cleared without restriction  
 \_\_\_\_\_ Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
 \_\_\_\_\_ Not Cleared for \_\_\_\_\_ All Sports \_\_\_\_\_ Certain Sports: \_\_\_\_\_

Reason for Non-Clearance: \_\_\_\_\_

Recommendations: \_\_\_\_\_

If this student is an intercollegiate athlete, they must acknowledge education of sickle cell screening through blood test, waiver, or consent to testing. For further information, visit NCAA.org. To request a waiver for this test, please contact the Wheaton College Athletic Department at 630-752-5738.

†Intercollegiate Athletes must complete Medical Examination by a M.D. or D.O. per NCAA rules and Wheaton College Athletic Department.

†M.D., D.O., PA, or NP Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Medical Providers name (please print or use stamp) \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

