

UMBC INTERCOLLEGIATE PHYSICAL EXAMINATION (p.2)

<u>SKIN:</u>	Lesions
<u>MALE GENETALIA:</u>	Hydrocele Varicocele
<u>ANNUAL GYN. EXAM:</u>	Date of last exam LMP
<u>GENERAL ASSESSMENT:</u>	
Alertness & Orientation:	
Distress:	
<u>MUSCULOSKELETAL:</u>	Spine Scoliosis / Kyphosis / Other
	Shoulder
	Knee
	Ankle
	Other
<u>NEUROLOGICAL:</u>	
<u>Other Health Conditions/ Medications under physician's care:</u>	
<u>CURRENT MEDICATIONS:</u>	
<u>IMMUNIZATION DATES:</u>	MMR 1ST DOSE _____ / 2ND DOSE _____
TETANUS _____ (AFTER 1998)	TB _____ (international students upon US arrival)
HEPATITIS B 1ST _____ 2ND _____ 3RD _____	MENINGITIS _____

HEALTH CARE PROVIDER STATEMENT:

I, _____ (Health Care Provider-signature) **have reviewed the attached medical history and evaluated the positive responses** and found this student-athlete to be in good health and able to participate in highly competitive intercollegiate athletics.

Health Care Provider Name: _____ (Please print or type)

Health Care Provider Street Address: _____

_____ (City) (State) (Zip)

Health Care Provider Phone: (_____) _____

Health Care Provider Fax: (_____) _____