

ISUDT INDIVIDUAL PHYSICAL EXAM

Only 1st and 3rd year members need

(Physical forms need to be turned in before tryouts)

Name: _____

Physicians name: _____

Phone: _____ Date of physical exam: _____

Existing medical conditions/injuries: _____

Previous medical conditions/injuries: _____

Medications: _____

Is the above individual approved for strenuous athletic physical activity?

YES

If **NO**/please explain: _____

Notes: _____

Physician signature: _____

Date

*Please attach any forms give to you by the physician at your physical exam.