



# ALLIANCE UNIVERSITY

## SPORTSMEDICINE DEPARTMENT

**PHYSICAL EXAMINATION FORM REQUIRED  
FOR TRY-OUTS**

157 B First St., Jersey City, NJ 07302  
Phone Number & Fax • (646)564-6761

Since Alliance University is an NCAA Division II institution, in order to try-out for an intercollegiate athletic team here at Alliance University, you must present a medical examination signed by a doctor within 6-months prior to the date of your try-out or a copy of your physical from the start of this school year from your current institution. Print this form and take it to your doctor and bring it with you to your try-out. Also, the NCAA requires you to show documentation of being Sickle Cell Trait Tested. Please attach a copy of the documentation to this form (just a doctor's note will not be accepted).

NAME-		DATE OF BIRTH-	LAST 4 DIGITS OF SOCIAL SECURITY #-			
ADDRESS- <small>STREET</small>		<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	HOME PHONE-	
EMERGENCY CONTACT-		RELATION TO ATHLETE-		CELL PHONE-		
HEIGHT-	WEIGHT-	EYES-		BLOOD PRESSURE-		HEART RATE-
ALLERGIES-				MEDICATION-		

GENERAL EXAM	NORMAL	ABNORMAL FINDINGS
HEAD/SCALP		
NECK		
EYES/EARS		
NOSE/MOUTH/THROAT		
HEART		
LUNGS		
ABDOMEN		
SKIN		
GENITALIA		
HERNIA		
ORTHOPEDIC EXAM	NORMAL	ABNORMAL FINDINGS
NECK		
SHOULDER		
ARM		
ELBOW		
FOREARM		
WRIST		
HANDS/FINGERS		
BACK/SCOLIOSIS		
HIP		
LEG		
KNEES		
CALF		
ANKLES		
FEET/TOES		
ARCH		
FUNCTIONAL EXAM	NORMAL	ABNORMAL FINDINGS
SPINE ROM		
JUMP		
HOP		
SQUAT		
DUCK WALK		

PHYSICIANS COMMENTS-

**I have examined the above athlete and have determined them medically healthy and capable to try-out for an intercollegiate team at Alliance University.**

PHYSICIAN'S SIGNATURE-	PLEASE PRINT PHYSICIAN'S NAME-	DATE-
ADDRESS- <small>STREET</small>	<small>CITY</small>	<small>STATE</small>
<small>ZIP CODE</small>	PHONE NUMBER-	