



CAIRN UNIVERSITY ATHLETICS
Physical Examination

Please bring your health history form to the physical to have the doctor review.

NAME: _____ DOB _____ SPORT _____
 BP _____ / _____ PULSE _____ RESP _____ WT _____ HT _____
 VISION: R _____ / _____ L _____ / _____ Contacts? _____
 CURRENT MEDICATION _____
 ALLERGIES _____

MEDICAL EXAMINATION			
BODY PART	NORMAL	ABNORMAL	COMMENT
Eyes/Fundus			
ENT			
Mouth/Teeth			
Head/Neck Concussion History			
Skin/Scalp			
Lymphatics			
Thorax			
Abdomen			
Chest, Lungs			
Cardiovascular, Heart			
Hernia			
Genitalia			
Neurological			

ORTHOPEDIC EXAMINATION			
BODY PART	NORMAL	ABNORMAL	COMMENT
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back, Spine			
Hip, Thigh			
Knee			
Ankle			
Feet			
Flexibility			
Other			





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ORTHOPEDIC INJURY

Is this athlete currently being treated for an orthopedic injury? YES NO

If Yes, please identify the injury: _____

Treating physician: _____

**** Clearance note must be provided by your treating physician for full athletic clearance**

COVID-19 – Medical History

Has this athlete been diagnosed with SARS-CoV-2? YES NO

If Yes, please identify the date of diagnosis: _____

Treating physician: _____

**** Clearance note must be provided by your treating physician for full athletic clearance if you have been diagnosed**

COVID-19 – Vaccination

Has this athlete been vaccinated for Covid-19? YES NO

If Yes, please name which vaccination: _____

**** Please upload a copy of your vaccination card**

Participation: No Athletic Participation
 Limited Participation, e.g.: _____
 Clearance Withheld Until: _____
 Full Unlimited

Recommendation: _____

By signing this form, I hereby affirm that the information contained herein concerns the student listed above and is a true account to the best of my knowledge.

Name of Physician: _____ Phone: _____

Address: _____ Fax: _____

Signature of Physician: _____ Date: _____



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**NCAA Medical Exception Documentation Reporting Form
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
and Treatment with Banned Stimulant Medication**

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Medical Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institution Name: _____

Institutional Representative Submitting Form:

Name _____

Title _____

Email _____

Phone _____

Student-Athlete Name _____

Student-Athlete Date of Birth _____

Prescribed banned medication _____

To be completed by the Student-Athlete's Physician:

Current Treating Physician (print name): _____

Specialty: _____

Office address _____

Physician signature: _____ Date _____

Check off that documentation representing each of the items below is attached to this report

- Diagnosis.
- Medication(s) and dosage.
- Has considered a non-banned medication alternative.
- Blood pressure and pulse readings and comments.
- Follow-up orders.
- Date of clinical evaluation: _____
- Attach written report summary of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.

The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.

The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.