

Manhattan Christian College
Athletic Department
Pre-participation Physical Examination

Date of Exam ____/____/____

Name _____ Date of Birth ____/____/____

Social Security Number: _____ - _____ - _____ Sport: _____

Height: _____ Weight: _____ Blood Pressure: ____/____ (____/____) Pulse: _____ Regular/Irregular

Vision: R 20/____ L 20/____ Corrected?: Y or N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS
<u>MEDICAL</u>		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (supine & standing)		
Pulse		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
<u>MUSCULOSKELETAL</u>		
Neck/Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle/Foot		
Other		

Peak Flow: Patient _____ Predicted _____ MSE _____

Urinalysis: Blood _____ Glucose _____ Protein _____

CLEARANCE: Cleared _____ Cleared with restrictions _____ Not Cleared _____

COMMENTS: _____

Physician's Signature: _____ Date: ____/____/____

MANHATTAN CHRISTIAN COLLEGE
1415 Anderson Avenue – Manhattan, KS 66502

ATHLETIC INSURANCE INFORMATION

Name _____ Sport(s) _____

Parent's Name(s) _____

Home Address _____

City _____ State _____ Zip _____

Are you covered under medical insurance provided by you, your parents, or an employer?

_____ Yes _____ No

IF YES, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Insurance Company _____

Address of Insurance Company _____

City _____ State _____ Zip _____

Policy # _____

I understand that when making a claim for medical benefits, I will first send the claim to my personal or family insurer. Any balance unpaid will then be sent to the company that insures the MCC athletic program. Benefits will be paid to the extent stated in the policy. Any unpaid claims are the responsibility of the athlete.

Signature _____ Date ____ / ____ / ____

ATHLETE'S CHURCH INFORMATION

Name _____ DOB ____ / ____ / ____

Home Church & Address _____
