

WEST VIRGINIA UNIVERSITY
INTERCOLLEGIATE ATHLETICS

PRELIMINARY HEALTH SURVEY

Date _____ Sport _____

Name _____
Last First Middle

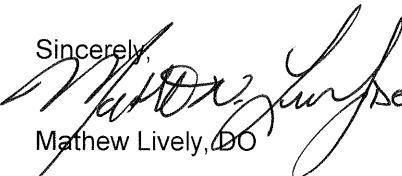
Parent/Guardian _____

Address _____

Telephone # _____ Age _____ Date of Birth _____ Marital Status _____

Dear Doctor:

The student named above is interested in participating on one of the University's intercollegiate athletic teams. It is necessary that we have an evaluation of his current physical status from you before he will be permitted to participate in the tryouts. Your cooperation in completing the following questionnaire will be much appreciated.

Sincerely,

Mathew Lively, DO

Has the student had a history of illness, injury, or other occurrence related to the following organ systems?
Please check and elaborate below:

CNS	_____	Genito-urinary	_____
Cardio-vascular	_____	Neuro-muscular	_____
Endocrine	_____	Orthopedic	_____
Gastro-intestinal	_____	Respiratory	_____

Remarks: _____

Physical Examination: B.P. _____ P. _____ Resp. _____

Please check abnormalities and elaborate below:

Head & Neck	_____	Genitals	_____
Heart	_____	Hernia	_____
Lungs	_____	Extremities	_____
Abdomen	_____	Neurologic	_____

Remarks: _____

Date of Examination _____ Date of Form _____

_____, MD/DO
Signature