



SKIDMORE COLLEGE HEALTH SERVICES

815 North Broadway, Saratoga Springs, NY 12866

Phone: 518-580-5550

Fax: 518-580-5556

e-mail: health@skidmore.edu

PHYSICAL EXAM FORM

LAST NAME: FIRST NAME: DATE OF BIRTH:

VITAL SIGNS: Ht: Wt: BP: Pulse:

PAST MEDICAL HISTORY (or attach EMR documentation):

Table with 5 columns: ITEM/AREA EVALUATED, NORMAL, NOT EXAMINED, ABNORMAL, IF ABNORMALITIES ARE NOTED, PLEASE DESCRIBE. Rows include Appearance, Nose & Sinuses, Mouth, Throat, Dentition, Ears, Eyes, Neck, Lungs, Heart, Vascular, Abdomen, Upper Extremities, Lower Extremities, Spine, Neurologic, Other (please specify).

MEDICAL PROVIDER ATTESTATION

FOR ALL INCOMING STUDENTS:

I have examined this patient within the past 2 years (AFTER 7/15/2024\*). All medical/psychiatric conditions and therapies are noted above or on attached pages.

\*FOR STUDENTS PARTICIPATING IN NCAA ATHLETICS EXAM MUST BE WITHIN 6 MONTHS OF PARTICIPATION (ON or AFTER 3/1/2026 for students joining team Fall 2026) per NCAA requirements

- Cleared for all sports without restriction based on physical exam (\*Note: Sports Health History Form must also be reviewed and signed by provider)
Cleared after completing evaluation/rehabilitation for:
Not cleared due to:

Additional recommendations/comments:

Provider Name (Print): Date of Exam:

Signature of Medical Provider: Provider credentials:

Provider Address, Phone Number, Fax number (Please print or stamp):

Phone # ( ) Fax # ( )