

# PHYSICAL EXAMINATION FORM



**CANISIUS**  
UNIVERSITY

- Records must be in English.
- For Division 1 athletes, the physical examination must be done within 6 months for sports participation

## INSTRUCTIONS FOR STUDENTS:

Step 1: Browse to [health.canisius.edu](http://health.canisius.edu), login, and complete the required on-line forms:

- Medical History
- Tuberculosis Screening
- Privacy and consent forms

Phone: 716.888.2610  
Fax: 1.888.290.5333  
Email: [Health@Canisius.edu](mailto:Health@Canisius.edu)

Step 2: Give this form to your medical provider to complete and sign.

- Upload the completed form to the student health portal

## HEALTHCARE PROVIDER TO COMPLETE THIS SECTION

LAST NAME	FIRST NAME	DATE OF BIRTH (MONTH/DAY/YEAR)	UNIVERSITY ID #
HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE
<input type="checkbox"/> Check if exam is entirely normal	List any abnormal exam findings: _____		

## ACTIVITY CLEARANCE

Is this student cleared for full physical activity, including participation in intramural, club or intercollegiate sports and able to meet the physical and emotional demands of college life, including studying abroad?

- YES - Full activity and fit for college     NO - Limited activity \_\_\_\_\_

Additional Comments/Recommendations: \_\_\_\_\_

## \*D1 ATHLETES- SICKLE CELL SCREEN REQUIRED

Sickle Cell Screen Date: \_\_\_/\_\_\_/\_\_\_    Result:     Positive     Negative

## HEALTHCARE PROVIDER VERIFICATION

I have examined the student noted above. The information on this physical form is accurate, full and complete to the best of my knowledge.

x \_\_\_\_\_

MD/DO/NP/PA SIGNATURE	PROVIDER NAME/STAMP	DATE OF EXAM (MONTH/DAY/YEAR)
ADDRESS	PHONE NUMBER	