

Hubbs Health Center

119 St. Clair Street, Geneva, NY

E-mail: <u>Hubbs@hws.edu</u> Phone: 315-781-3600 Fax: 315-781-3802

Physical Examination Form

Please attach Immunization Record with Updated Physical

Non Athletic Students: Required updated physical within 1 year of admission.

Athletic Students: In accordance with NCAA requirements, all new Hobart and William Smith student-athletes are required to undergo a preparticipation physical examination within 6 months prior to their first date of participation. It is required that this physical examination be completed by a physician licensed as an MD or DO. It is recommended that you take a copy of this form with you to be completed by your physician. Results of a sickle cell test must to be sent to the Athletic Department.

Name: Last	77		DOB:	Date of Exa	Date of Exam: mm/dd/yyyy	
Last	First		mm/dd/yyyy		mm/dd/yyyy	
Height:(inches)	Weight:	(lbs) Blood P	ressure:/	Pulse		
Vision: OD OS	(Correct	ive lenses Yes	_ No)			
Allergies:						
Current Medications:						
	Normal	Abnormal		Normal	Abnormal	
HEENT			Abdomen			
Neck/Thyroid			Hernia/Testes			
Respiratory			MSK/Spine			
Cardiac			Neuro/Reflex			
Vascular			Psych			
Explain any abnorma	l findings:					
	_		d them physically and et and/or non-contact s		participate in	
☐ Negative scre	eening for sudde	en cardiac arrest (Dominic Murray).			
Physician's (MD/DO)) Signature:					
Physician's (MD/DO)) Printed Name,	address or offici	al stamp:			

Please return completed fall semester forms to the Hubbs Health Center by <u>June 16, 2025</u> . Forms can be emailed to <u>Hubbs@hws.edu</u> Please return completed spring semester forms to the Hubbs Health Center by <u>January 5, 2026</u> . Forms can be emailed to <u>Hubbs@hws.edu</u>