

**FORM 2**

**LAKE ERIE COLLEGE REQUIRED PHYSICAL EXAM FORM**  
**REQUIRED for all students participating in intercollegiate riding teams or clubs**  
**and all School of Equine Studies academic and riding classes**

**Students Name:** \_\_\_\_\_ **Class:** FR SO JR SR 5<sup>th</sup> Transfer

**Height:** \_\_\_\_\_ inches      **Weight:** \_\_\_\_\_ pounds      **Body Fat:** \_\_\_\_\_%

**Pulse:** \_\_\_\_\_ bpm      **Blood Pressure:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Re-checks: \_\_\_\_\_/\_\_\_\_\_; \_\_\_\_\_/\_\_\_\_\_

**Vision:** Right 20/\_\_\_\_\_; Left 20/\_\_\_\_\_ Corrected? YES NO      **Pupils:** Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	WNL	Abnormal Findings	Initials
General Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary			
Skin			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

- Cleared without restrictions to handle horses on the ground or in mounted riding class
- Cleared with recommendation for further evaluation or treatment for: \_\_\_\_\_
- \_\_\_\_\_

Not cleared for:  Ground handling of horses  Mounted/ riding classes: \_\_\_\_\_

Reason: \_\_\_\_\_

Physicians name \_\_\_\_\_ Office phone \_\_\_\_\_  
Please print area code

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_