



TEE Tournament

TRAINING • EXPOSURE • EXPERIENCE

PARTICIPANT REGISTRATION FORM -- PHYSICAL EXAM 2008 TEE TOURNAMENT

(To be completed by a Medical Examiner. Please type or print clearly)

Dear Medical Examiner:

Your patient is planning to participate in a golfing/bowling event, providing that you concur. To ensure that this is an appropriate activity for this patient, please conduct a detailed review of his/her medical record. Thank you for assisting us in ensuring the patient's safety.

Name: _____
(Last) (First) (Middle Initial) (Nickname)

Social Security #: _____ Date: _____

Is the patient legally blind? (you can substitute a recent eye exam, if available)
Yes No

Medical History (i.e., diabetes, heart disease, hypertension, respiratory difficulty):

Known allergies: _____

Date of last Tetanus shot: _____

Medications patient is taking: _____

Is patient taking coumadin or other anticoagulants: ____ Yes ____ No
If yes, which:

PHYSICAL EXAM: Height: _____ Weight: _____ Pulse: _____

Heart: _____ Blood Pressure: _____

Head & Neck: _____ Lungs: _____

Abdomen: _____ Back: _____

Extremities: _____ Skin: _____

Other findings: _____

In my opinion, the above individual: [] is cleared to participate, OR
[] is not cleared to participate. If patient is not cleared to participate, why?

SIGNATURE OF MEDICAL EXAMINER: _____

Name of Medical Examiner (please print): _____

Address of Medical Examiner: _____

City & State: _____ Zip Code: _____

Phone Number of Medical Examiner: () _____ - _____