

Physical Examination

Name of Student-Athlete: _____ Sport: _____

Sex: Male or Female Date of Birth: _____ Height: _____ Weight: _____

BP: ___/___ Pulse: _____ Vision: R 20/___ L 20/___ Corrected: Y N Pupils: _____

	Normal	Abnormal findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			

Signature of Physician: _____

	Normal	Abnormal findings	Initials
Skin			
Abnormal			
Genitalia			
Head			
Ears			
Eyes			
Nose			
Throat			
Lymphatic			

Signature of Physician: _____

	Normal	Abnormal findings	Initials
Muskuloskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand/Fingers			
Back			
Hip			
Knee			
Ankle			
Foot/Toes			
Other			

Signature of Physician: _____

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: ___ Collision
 ___ Contact
 ___ Non contact: ___ Strenuous ___ Moderately strenuous ___ Nonstrenuous

Due to: _____

Recommendation: _____

Signature of Physician: _____ **Date of Physical:** _____