

PHYSICAL EXAMINATION FORM

Student's Name: _____ Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Vision R 20/____ L 20/____ Corrected: Yes____ No____ Referred____ Pupils: Equal ____ Unequal ____

Hearing: Normal ____ Referred ____ Spinal Exam: Normal ____ Referred ____ % Body Fat (optional)____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Please check any activity that this student is able to participate in:

- | | | | |
|--------------------|-------------------------|-------------------|------------------------|
| ____ All | ____ Physical Education | ____ Tennis | ____ Wrestling |
| ____ Baseball | ____ Football | ____ Soccer | ____ Swimming & Diving |
| ____ Basketball | ____ Golf | ____ Lacrosse | ____ Track & Field |
| ____ Cross Country | ____ Water Polo | ____ Cheerleading | |

CLEARANCE

- Cleared for Participation
- Not Cleared for Participation Reason: _____

Recommendations and/or Restrictions: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practiced Nurse by the Board of Nurse Examiners.

Name (print/type): _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____ Title _____