

Physical Examination Form (Must be completed by an M.D. or D.O.)

Student's Name _____ (Last, First, Middle) DOB: _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____/____

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials
MEDICAL			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

	Normal	Abnormal Findings	Initials*
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities (Note exceptions above).

Physician's Name and Address (Stamp or Print) _____ Physician's Signature _____ Date _____
 (Physician must be a Medical Doctor)

Physician's Telephone Number _____