



Sport(s) _____

School Year _____

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 must be a Medical Doctor)

Physician's Signature Date

Physician's Telephone Number