

Physical Examination

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

P00 \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional \_\_\_\_\_)

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y N Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ )  
PRN BP recheck or position

Glasses Y N Contacts Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia(males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

Clearance

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not cleared for: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of examiner (Print/type) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature of examiner \_\_\_\_\_

Modified from the form approved by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy of Sport Medicine.

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