

REPORT OF PHYSICAL EXAMINATION:

Height _____ inches [] Normal [] Abnormal – Explain _____
Weight _____ pounds [] Normal [] Abnormal – Explain _____
Pulse _____ [] Normal [] Abnormal – Explain _____
Blood pressure ____/____ [] Normal [] Abnormal – Explain _____
Right-Handed / Left-Handed [] R [] L

Medical Examination:

Hair/scalp [] Normal [] Abnormal – Explain _____
Skin [] Normal [] Abnormal – Explain _____
Eyes Visual acuity R____/____ L____/____ [] Normal [] Abnormal – Explain _____
Eyes – Color vision [] Normal [] Abnormal – Explain _____
Ears – Hearing dB R L [] Normal [] Abnormal – Explain _____
Nose and Throat [] Normal [] Abnormal – Explain _____
Teeth and Gingiva [] Normal [] Abnormal – Explain _____
Lymph Glands [] Normal [] Abnormal – Explain _____
Heart – Murmur, etc [] Normal [] Abnormal – Explain _____
Lungs – Adventitious findings [] Normal [] Abnormal – Explain _____
Abdomen [] Normal [] Abnormal – Explain _____
Genitourinary [] Normal [] Abnormal – Explain _____
Neurological [] Normal [] Abnormal – Explain _____

Sports Examination:

Back / Spine – Scoliosis, etc [] Normal [] Abnormal – Explain _____
Neck [] Normal [] Abnormal – Explain _____
Shoulder [] Normal [] Abnormal – Explain _____
Elbow [] Normal [] Abnormal – Explain _____
Wrist [] Normal [] Abnormal – Explain _____
Hand [] Normal [] Abnormal – Explain _____
Pelvis [] Normal [] Abnormal – Explain _____
Knee [] Normal [] Abnormal – Explain _____
Ankle [] Normal [] Abnormal – Explain _____
Foot [] Normal [] Abnormal – Explain _____
Other [] Normal [] Abnormal – Explain _____

CLEARANCE FOR SPORTS PARTICIPATION::

[] Cleared for Sports: _____
[] Cleared after completing evaluation / rehabilitation for: _____
[] Cleared for: [] Collision [] Contact [] Moderately strenuous
[] Non-contact [] Strenuous [] Non-strenuous due to: _____

Recommendation / referral: _____

Signature: MD/DO, PAC, CRNP, SNP _____ Date: _____