

PHYSICAL EXAMINATION FORM

Name: _____ Grade: _____ Date of Birth: _____

EXAMINATION			
Height:	Weight:	Vision: R 20/	L 20/
BP: / (/)	Pulse:	Corrected? Y	N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) 			
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart^ <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver) 			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 			
Neurological			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand, & fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, step drop test 			

I have examined the student named on this form and completed a physical evaluation. A copy of the physical examination findings is on record with my office and can be made available at the request of the parents. If conditions arise after an athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and/or parents or guardians.)

Medically eligible for all sports without restriction: YES NO

Medically eligible for certain sports:

Recommendations:

Name of healthcare professional (print or type) _____

Address _____ Phone _____

Address _____ Date _____

Signature of healthcare professional _____, MD, DO, NP, or PA