

PHYSICAL EXAMINATION

Name _____ Age _____ Date _____

Sex _____ Height _____ Weight _____ Blood Pressure _____ / _____ Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected Yes No

	Normal	Abnormal Findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles / hernia			
Musculoskeletal			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		R MCL R ACL L MCL L ACL	
Ankle		R ANT DRAWER L ANT DRAWER	
Foot			

- No restriction for sports participation
- Clearance withheld pending attached verification of rehabilitation / evaluation for: _____

Limited participation. Not cleared for the following types of sports: _____

Recommendations: _____

Examiner's Signature _____ Date _____

Address _____ Phone _____