

PHYSICAL EXAMINATION

DATE: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____

Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (circle) Equal/Unequal R>L L>R

	Circle (if option given)	Specific Findings
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	NO YES	
Murmur (standing)	NO YES	
	Normal (X)	
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared
Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below.**

Boys Sports: Baseball, Basketball, Cross Country, Soccer, Tennis, Track, Wrestling

Girls Sports: Basketball, Cross Country, Soccer, Softball, Tennis, Track, Volleyball

Name of Physician: _____ **Date:** _____

Address: _____

Phone (_____) _____

Signature of Physician: _____

(Based on recommendations developed 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 Sports Medicine.)