



Physical Exam Form

Name: _____ Date of Birth: _____ Today's Date _____
Sport: _____ Age (years): _____ Height: _____ Weight: _____ Pulse (bpm): _____
Blood Pressure: _____ Vision: R/20 _____ L/20 _____ Both 20/ _____ Corrected: Y N

Check off normal finding and indicate abnormal findings and where follow-up is recommended.

Table with 4 columns: System, Normal, Abnormal Findings, Needs Follow-Up. Rows include Appearance, Eyes/Ears/Nose/Throat, Hearing, Lymph Nodes, Heart, Lungs, Abdomen, Genitourinary (males), and Skin.

Table for joint range of motion and posture. Columns: Joint, Normal, Abnormal, Joint, Normal, Abnormal. Rows include Neck, Shoulder, Elbow, Wrist, Hand, Trunk, Hip, Knee, Ankle, Posture, Symmetry, Head, Shoulders, Back, Hips, Knees, Balance, R leg 30 secs, L leg 30 secs.

I certify that the above named student-athlete is (check one):

_____ cleared to participate _____ cleared, but restricted from contact sports _____ NOT cleared to participate at all

Physician's Signature _____ Date _____