

Physical Examination Report
(Completed by Physician)

Height: _____ (ft/in.) Weight: _____ (lbs.)

Blood Pressure: _____ Pulse: _____

Skin: _____ Scars, Deformities: _____

General Appearance: _____

General Exam

BODY PART	NORMAL	ABNORMAL / COMMENTS
H,E,E,N,T (Head, Eyes, Ears, Nose, Throat)		
CHEST (Lungs)		
HEART (In accordance to enclosed American Heart Association Guidelines)		
GLANDS (Include breast/ testicle exam if patient agrees to having one)		
ABDOMEN (Include hernia)		
NEUROLOGIC		
COMMENTS:		

Orthopedic Exam

BODY PART	NORMAL	ABNORMAL / COMMENTS
NECK		
SHOULDER		
ELBOW		
WRIST & HAND		
CHEST & BACK (Include spine)		
HIP & PELVIS		
KNEE		
ANKLE & FOOT		

____ STUDENT-ATHLETE CLEARED FOR ALL PHYSICAL ACTIVITIES.

____ STUDENT-ATHLETE RESTRICTED FROM PHYSICAL ACTIVITIES, REASONS AND/OR
CONDITIONS FOR CLEARANCE (if any): _____

****PHYSICIAN'S STAMP REQUIRED**

DATE: _____

SIGNATURE: _____

ADDRESS: _____

PHONE: _____