

# Physical Examination Form

Last Name
First Name
Middle Initial
Date of Birth

**Examination**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ \_\_\_ Male \_\_\_ Female BP \_\_\_\_\_ / \_\_\_\_\_

Pulse \_\_\_\_\_ Vision: R 20/ L 20/ Corrected \_\_\_ Yes \_\_\_ No

Medical	Normal	Abnormal Findings
<b>Appearance:</b> Marfan syndrome (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
<b>Eyes / Ears / Nose / Throat</b> - Pupils equal / Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximum impulse (PMI)		
<b>Pulses</b> - Simultaneous femoral and radial pulses		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Genitourinary (males only)</b>		
<b>Skin</b> - HSV, lesions suggestive of MRSA, tinea corporis		
<b>Neurologic</b>		
<b>Musculoskeletal:</b>		
• Neck		
• Spine/Back		
• Shoulders/Arm		
• Elbow/Forearm		
• Wrist/Hand/Fingers		
• Hip/Thighs		
• Knees		
• Leg/Ankles		
• Foot/Toes		
• Functional: Duck-walk, single leg hop		

Consider ECG, echocardiogram and referral to cardiology for abnormal cardiac history or event. Consider GU Exam if in a private setting. Having a third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

**Cleared for all sports without restriction**

**Cleared for all sports without restriction with recommendations for further evaluation or treatment for:** \_\_\_\_\_

**Not Cleared:** (check all that apply)  Pending further evaluation  For Any Sports  For Certain Sports: \_\_\_\_\_

Reason: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

I have examined the above-named student and completed the participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parents.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Physician's Reminders: Consider additional questions on more sensitive issues: (at risk behavior, alcohol, drugs, supplements ...)*