



## Medical Examination—Physician

This must be completed and signed by the physician.

Name \_\_\_\_\_

Exam Date\* \_\_\_\_\_

\*If student is an athlete, exam must be AFTER June 1.

Birthdate \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Heart rate \_\_\_\_\_ Vision \_\_\_\_\_

Need investigation \_\_\_\_\_

Corrected:  yes  no

## General Evaluation

*Norm Abnormal*

*If Abnormal, please explain*

- Head/scalp \_\_\_\_\_
- Neck \_\_\_\_\_
- Eyes/ears \_\_\_\_\_
- Nose/mouth/throat \_\_\_\_\_
- Heart \_\_\_\_\_
- Lungs \_\_\_\_\_
- Abdomen \_\_\_\_\_
- Skin \_\_\_\_\_
- Genitalia \_\_\_\_\_
- Hernia \_\_\_\_\_
- Arm/elbow/wrist \_\_\_\_\_
- Shoulders \_\_\_\_\_
- Hands/fingers \_\_\_\_\_
- Back/scoliosis \_\_\_\_\_
- Hips \_\_\_\_\_
- Legs/knee \_\_\_\_\_
- Calf \_\_\_\_\_
- Feet/ankles/toes \_\_\_\_\_

## Orthopedic/Flexibility Evaluation

*Norm Abnormal*

*If Abnormal, please explain*

- Spine ROM \_\_\_\_\_
- Shoulder \_\_\_\_\_
- Knee \_\_\_\_\_
- Ankle \_\_\_\_\_
- Hamstrings \_\_\_\_\_

### CLEARANCE FOR ATHLETIC PARTICIPATION

- Cleared—no restrictions
- With restrictions—cleared after completing evaluation and rehabilitation for \_\_\_\_\_

Physician (*please print*) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_