MOREAU
CATHOLIC HIGH SCHOOL
COMPASSIONATE COLLEGE PREP

DOCTOR PHYSICAL EXAMINATION

Full Name: _____ Date of Birth: _____

Organization: Moreau Catholic High School

Height: _____ BP: _____ Vision Right: 20 / _____ Hearing Right: _____

Weight: _____ Pulse: _____ Vision Left: 20 / _____ Hearing Left: _____

Skin Color: _____ BMI%: _____ Contacts: ☐ Yes ☐ No

Cervical	☐ NL	☐ AB	Flex/Ext
	☐ NL	☐ AB	Rotation right/left
	☐ NL	☐ AB	Lateral flexion right/left
Shoulder	☐ NL	☐ AB	Forward flexion/ext
	☐ NL	☐ AB	Abduction/Adduction
	☐ NL	☐ AB	Internal/Ext rotation
	☐ NL	☐ AB	Horizontal Abd/Add
	☐ NL	☐ AB	A-C Joint/Clavicle
	☐ NL	☐ AB	Stability Testing
	☐ NL	☐ AB	Biceps flex/ext
	☐ NL	☐ AB	Elbow supination/pronation
	☐ NL	☐ AB	Wrist/Hand
Knee	☐ NL	☐ AB	Patellar tendon
	☐ NL	☐ AB	Tibial tuberosity
	☐ NL	☐ AB	MCL/LCL
	☐ NL	☐ AB	ACL/PCL
	☐ NL	☐ AB	Cartilage testing
	☐ NL	☐ AB	Quads/Hamstrings
	☐ NL	☐ AB	Gastroc/Soleus complex
	☐ NL	☐ AB	Patella crepitus
	☐ NL	☐ AB	Patella tracking

Hip	☐ NL	☐ AB	Hip flexors/gluteals
	☐ NL	☐ AB	Add/Abd-groin/IT Band
	☐ NL	☐ AB	Int/Ext rotation
Ankle	☐ NL	☐ AB	Plantar/Dorsiflexion
	☐ NL	☐ AB	Inversion/Eversion
	☐ NL	☐ AB	Subtalar joint
	☐ NL	☐ AB	Ligament Testing
	☐ NL	☐ AB	Feet/Toes
Thoracic/ Lumbar	☐ NL	☐ AB	Flex/Ext
	☐ NL	☐ AB	Rotation right/left
	☐ NL	☐ AB	Lateral flexion right/left
	☐ NL	☐ AB	Abdominals/Obliques
General Flexibility	☐ NL	☐ AB	Hamstrings
	☐ NL	☐ AB	Quadriceps
	☐ NL	☐ AB	Lumbar Spine
	☐ NL	☐ AB	Achilles
Other	☐ NL	☐ AB	Eyes, Ears, Nose, Throat
	☐ NL	☐ AB	Lungs
	☐ NL	☐ AB	Heart
	☐ NL	☐ AB	Abdomen
	☐ NL	☐ AB	Genitalia/Hernia

Describe Abnormals: _____

_____

☐ **Cleared for all sports - No Restrictions**

☐ **Not cleared for any sports**

☐ **Not cleared for certain sports**

☐ **Not cleared pending further evaluation**

Recommendation: _____

_____

Doctor's Office Official Stamp

** Not valid without stamp **

201502142256

Date of physical: _____ **(Not accepted without)**

Name of Physician: _____

Address: _____

Phone: _____

Signature of Physician: _____