

General Physical Examination

Name _____ School _____ Grade _____ Date ____/____/____
Information below is to be completed by medical staff only.

Height _____ Weight _____ BP _____/_____/_____ Pulse _____

Vision R 20/____ L 20/____ Corrected? _____ Yes _____ No

Musculoskeletal Examination

Examiner: _____

Been to Physician in past 2 years for muscle, joint, or bone pain? ___ No ___ Yes: _____

Neck/Back

Upper Extremities

Lower Extremities

General Strength

General Flexibility

General Notes/Other:

Normal	Abnormal Findings

Internal Medicine

Examiner: _____

Ears, Nose, Throat

Heart

Chest/Lungs

Skin/Lymphatic

Abdominal

General Notes/Other:

Normal	Abnormal Findings

Official Recommendation

This athlete ___may ___ may not compete in athletics based on the data gathered from this exam.

Prior to participation, treatment or follow-up on the following is recommended/required:

Recommend further consolation with: _____

 Examiner Name (print)

 Examiner Name (sign)

____/____/____
 Date