

PHYSICAL EXAMINATION

Name: _____ BP _____ Vision: Left eye _____
 Weight: _____ Pulse _____ Right eye _____
 Height: _____ % Body Fat: _____ Both eyes _____
 Corrected/Uncorrected _____

✓ = within normal limits

x = see comments

ND= not done/omitted

Skin		Genitals (optional)	
Head		Extremities	
Eyes		Neurological	
Ears, Nose, Throat		Reflexes	
Neck		Orthopedic	
Lymphatics		Cervical spine/back	
Respiratory		Arms/elbows/wrists/hands	
Cardiovascular		Hips	
Heart (murmurs?)		Knees	
Pulses		Ankles/feet	
Abdomen		Developmental	
		Tanner staging: 1-5 (optional)	

Comments/Recommendations:

Medical Clearance (as appropriate for age and development)

_____ Full contact/collision level _____ Clearance deferred or no participation at this time.
 _____ Limited contact/impact _____
 _____ Non-contact: strenuous _____
 _____ Non-contact: non-strenuous _____

MD/DO/FN/PA

Provider signature

Date of Exam

Phone #