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FRYEBURG ACADEMY

ATHLETIC PHYSICAL EVALUATION FORM

Name:_____ DOB:_____ / _____ /_____

Date of Examination: _____ / _____ /_____

Height:_____ Weight:_____ BMI:_____

BP: _____ /_____ Pulse:_____

Vision R 20/ _____ Left 20/ _____ Corrected : ☐ Y ☐ N Pupils: _____

		NORMAL	ABNORMAL FINDINGS	INITIALS
Cardiopulmonary		_____	_____	_____
Pulses		_____	_____	_____
Heart		_____	_____	_____
Lungs				
Tanner Stage		◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5		
Skin Abdominal Genitalia		_____	_____	_____
Musculoskeletal		_____	_____	_____
Neck		_____	_____	_____
Shoulder	L R	_____	_____	_____
Elbow	L R	_____	_____	_____
Wrist	L R	_____	_____	_____
Hand	L R	_____	_____	_____
Back		_____	_____	_____
Knee	L R	_____	_____	_____
Ankle	L R	_____	_____	_____
Foot	L R	_____	_____	_____
Other		_____	_____	_____

CLEARED FOR FULL PARTICIPATION? ☐ **YES** ☐ **NO**

Cleared after complete evaluation/rehabilitation for _____

_____

Not Cleared Due to _____

_____

Issues the athletic training staff should be aware of include _____

_____

Signature of Physician:_____ **Date:** _____ / _____ / _____

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