

# 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
		1	2	3	4	5	
Cardiopulmonary	_____						_____
Pulses	_____						_____
Heart	_____						_____
Lungs	_____						_____
Tanner Stage							
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: \_\_\_\_/\_\_\_\_/\_\_\_\_