



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: _____

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: _____