

Physical Examination Form

Name: _____ Birth Date: _____ Vision: R 20/____ L 20/____ Corrected: Yes No
 Height: _____ in. Weight: _____ lbs. Pulse: _____ B/P: _____ Resp: _____/min.

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Heart		
Murmur		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal (non-athletes only)		
Neurological		
Psychological		

Do you have any recommendations regarding the care of this patient? _____

Is this patient currently under treatment for any medical or emotional condition? _____

Physician Orthopedic Exam

(Complete for patients participating in Collegiate Athletics)

Shoulder: Normal Abnormal (please explain below) _____

Elbow: Normal Abnormal (please explain below) _____

Wrist/Hand: Normal Abnormal (please explain below) _____

Neck/Back/Spine: Normal Abnormal (please explain below) _____

Pelvis/Hip/Thigh: Normal Abnormal (please explain below) _____

Knee: Normal Abnormal (please explain below) _____

Lower Leg/Ankle: Normal Abnormal (please explain below) _____

Foot: Normal Abnormal (please explain below) _____

Is this patient cleared for Collegiate Athletics/Intramural Sports/Physical Education Courses/physical activity?

Cleared **without** restriction Cleared **with** restrictions **NOT CLEARED**

Please explain if not completely cleared: _____

Physician/Advanced Practice Provider Signature: _____ **Date:** _____

Please place office Stamp here: