

PHYSICAL EXAMINATION FORM

Student's Name: _____ Height: ____ Weight: ____ Pulse: ____ Blood Pressure: ____

Vision R 20/____ L 20/____ Corrected: Yes ____ No ____ Pupils: Equal
 ____ Unequal ____

Hearing: Normal ____ Referred ____ Spinal Exam: Normal ____ Referred ____ % Body Fat (optional) ____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared for Participation
- Not cleared for Participation Reason: _____

Recommendations and/or Restrictions: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practiced Nurse by the Board of Nurse Examiners.

Name (print/type): _____ Date of Examination: _____

Address: _____ Phone Number: _____

Signature: _____ Title: _____