Physical Examination Form

Last Name	First Name	Middle Initial	Date of Birth

Examination			
Height:	Weight:	___ Male ___ Female	BP /
Pulse	Vision: R 20/	L 20/	Corrected ___ Yes ___ No

Medical	**Normal**	**Abnormal Findings**
Appearance: Marfan syndrome (kyphoscoliosis, high –arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, supine, +/- Valsalva • Location of point of maximum impulse (PMI)		
Pulses - Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin - HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
Musculoskeletal:		
• Neck		
• Spine/Back		
• Shoulders/Arm		
• Elbow/Forearm		
• Wrist/Hand/Fingers		
• Hip/Thighs		
• Knees		
• Leg/Ankles		
• Foot/Toes		
• Functional: Duck-walk, single leg hop		

Consider: ECG, echocardiogram and referral to cardiology for abnormal cardiac history or event. Consider GU Exam if in a private setting. Having a third party present is recommended. Consider cognitive evaluation or baseline neuropsychiatric testing if a history or significant concussion.

____ Cleared for all sports without restriction

____ Cleared for all sports without restriction with recommendations for further evaluation or treatment for:_____

_____

____ Not Cleared: (check all that apply) ___ Pending further evaluation ___ For Any Sports ____ For Certain Sports: _____

Reason: _____

Recommendation: _____

I have examined the above-named student and completed the participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parents.

Physician's Signature: _____ Date: _____

Physician's Address: _____ Phone _____

Physician's Reminders: Consider additional questions on more sensitive issues: (at risk behavior, alcohol, drugs, supplements…)