



Name: \_\_\_\_\_ Sport: \_\_\_\_\_ W#: \_\_\_\_\_ DOB: \_\_\_\_\_

## PHYSICAL EXAMINATION

COM P L E T E E X A M I N A T I O N	G E N E R A L M E D I C I N E	Height _____ ft _____ in      Weight _____ lbs      BP _____ / _____      Pulse _____ bpm		
		Vision R 20/_____, L/_____,      Corrective Lenses: Y or N, if yes _____      Pupils: equal / unequal		
			Normal	Abnormal Findings
		Neurological		
		Pulses		
		Heart		
		Lungs		
		ENT		
		Skin		
		Abdominal		
Genitalia				
<p><b>General Medicine Clearance:</b> YES or NO __ Not cleared due to: _____</p> <p>Test/Evaluation Required: _____</p> <p><b>PHYSICIAN INFORMATION</b></p> <p>Name: _____ Signature: _____ Date: _____</p> <p>Address: _____</p>				
O R T H O P E D I C A S S E S S M E N T (optional for returning S-A's)	C O M P L E T E E X A M I N A T I O N		Normal	Abnormal Findings
		Musculoskeletal		
		Neck		
		Shoulder		
		Elbow		
		Wrist / Hand		
		Back		
		Hips / Pelvis		
		Knee		
		Ankle		
Foot				
Other				
<p><b>Ortho Assessment Clearance:</b> YES or NO __ Not cleared due to: _____</p> <p>Test/Evaluation Required: _____</p> <p><b>PHYSICIAN INFORMATION</b> (if different from above)</p> <p>Name: _____ Signature: _____ Date: _____</p> <p>Address: _____</p>				

**\*\*SECONDARY CLEARANCE:**

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

(Developed based on the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and Osteopathic Academy of Sports Medicine. Copyright @ 1992.)

