

PHYSICAL EXAMINATION

Student's Name _____ Date of birth: _____

Last First Middle Initial

Vital Signs: Ht: _____ Wt: _____ B/P: _____ PULSE: _____

Tetanus booster (date): _____

Visual Acuity: Uncorrected: OS _____ OD _____ OU _____
 Corrected: OS _____ OD _____ OU _____

MEDICAL	Normal	Abnormal findings
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		(murmurs, irregular rhythm)
Pulses		
Lungs		
Abdomen		
Hernias		
Genitalia (males only)		
Skin		

MUSCULOSKELETAL	Normal	Abnormal findings (including ROM, DTR's, strength)
Neck		
Chest/Thorax		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot		

Comments about previous problematic joints? _____

Any physical stigmata of Marfan's Syndrome? _____

CLEARANCE: Cleared Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Examiner: (Print or type) : _____

Address: _____ Phone: () _____

_____ Fax: () _____

Your signature below implies that you have performed the physical and reviewed the Medical History provided by the patient.

Reviewed by: _____

Cleared: Yes No

F/U Needed: _____

Signature of examiner

Title

Date