

Name _____ M or F _____ Grade _____ Sport: Fall _____
 Date of Birth _____ Winter _____
 Height _____ Date of last vision exam _____ Spring _____
 Weight _____ Wears: Contacts Y/N Summer _____
 Pulse _____ Glasses Y/N
 Blood Pressure _____

	Normal	Abnormal Findings	Initials
1. General appearance			
2. Nutritional status			
3. Skin			
4. Eyes			
5. Ears, nose, throat			
6. Mouth and teeth			
7. Neck (lymphatic, thyroid)			
8. Cardiovascular			
9. Chest and lungs			
10. Abdomen			
11. Genitalia (hernia-male)			
12. Musculoskeletal (ROM, strength, etc.)			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
13. Neurological			

Comments regarding abnormal findings: _____

Participation Recommendations: _____

_____ Cleared for full participation
 _____ Cleared for limited participation Reason: _____
 _____ Not cleared for participation Reason: _____

Special instructions or special limitations: _____

Date of Examination: _____ Printed name of Physician: _____

Physician's Phone: _____ Signature of Physician: _____

Signature of Parent: _____