Holland Hall Summer Programs 2019

PHYSICAL FORM

Name_____ M or F _____ Grade _____
Date of Birth _____
Height _____ Date of last vision exam _____
Weight _____ Wears: Contacts Y/N
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: _____