

**Physical Examination**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

C O M P L E T E	L I M I T E D	Height _____ Weight _____ BP _____ / _____ Pulse _____				
		Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils _____				
		Normal	Abnormal findings	Initials		
	Cardiopulmonary					
	Pulses					
	Heart					
	Lungs					
	Tanner stage	1	2	3	4	5
	Skin					
	Abdominal					
	Genitalia					
	Musculoskeletal					
	Neck					
	Shoulder					
	Elbow					
	Wrist					
	Hand					
	Back					
	Knee					
	Ankle					
Foot						
Other						

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. Not cleared for:
  - Collision
  - Contact
  - Non-contact    \_\_\_ Strenuous    \_\_\_ Moderately strenuous    \_\_\_ Non-strenuous

Due to: \_\_\_\_\_

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

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_  
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