

SPORTS PHYSICAL EXAMINATION

Examiner: _____

STUDENT'S NAME _____ AGE _____

HEIGHT _____ WEIGHT _____ BP _____ / _____ PULSE _____

VISION R 20/ _____ L 20/ _____ CORRECTED? YES / NO PUPILS _____

	NORMAL	ABNORMAL
EAR, NOSE, THROAT _____		
HEART _____		
CHEST/LUNGS _____		
SKIN/LYMPHATIC _____		
ABDOMINAL _____		
GENITALIA/HERNIA _____		

MUSCULOSKELETAL EXAMINATION

Examiner: _____

NECK/BACK _____

UPPER EXTREMITIES _____

LOWER EXTREMITIES _____

FLEXIBILITY _____

OPTIONAL LAB WORK: URINE SUGAR _____ URINE PROTEIN _____ URINE HEMATEST _____

OFFICIAL RECOMMENDATION BY PHYSICIAN: (NAME) _____

1. This student **MAY** compete in athletics based on the data gathered from this exam. _____

2. Prior to participation; treatment or a follow-up is recommended as follows:

3. I am recommending further consultation with _____

SIGNATURE OF PHYSICIAN _____ DATE _____

ALLERGIES