

# Physical Examination

## General Physical Examination

Examiner: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_  
Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected? \_\_\_\_\_ Yes \_\_\_\_\_ No Pupils \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatic	_____	_____
Abdominal	_____	_____
Genitalia/Hernia	_____	_____

## Musculoskeletal Examination

Examiner: \_\_\_\_\_

	Normal	Abnormal Findings
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Flexibility	_____	_____

### Optional Lab

Urine Sugar \_\_\_\_\_  
Urine Protein \_\_\_\_\_  
Urine Hematest \_\_\_\_\_

## Official Recommendation

- A. This athlete \_\_\_\_\_ may \_\_\_\_\_ may not compete in athletics based on the data gathered from this exam.
- B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_