

## PHYSICAL EXAMINATION FORM

Student's Name: \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Pulse: \_\_\_\_ Blood Pressure: \_\_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Yes\_\_\_\_ No\_\_\_\_ Pupils: Equal  
 \_\_\_\_ Unequal \_\_\_\_

Hearing: Normal \_\_\_\_ Referred \_\_\_\_ Spinal Exam: Normal \_\_\_\_ Referred \_\_\_\_ % Body Fat (optional) \_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

### MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

### CLEARANCE

- Cleared for Participation  
 Not cleared for Participation Reason: \_\_\_\_\_

Recommendations and/or Restrictions: \_\_\_\_\_

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practiced Nurse by the Board of Nurse Examiners.

Name (print/type): \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_