

Athletic Physical Exam

[Student's Full Name Printed Here]

height _____ blood pressure _____ * >140/85? _____
weight _____ pulse _____
vision R corrected _____ uncorrected _____
L corrected _____ uncorrected _____
glasses _____ contact lenses R ___ L ___ both ___
general observations: _____
Tanner maturity staging: _____
HEENT: _____
Neck: ROM _____ palpation _____ tenderness _____
Chest: auscultation _____ wheezing? _____ rales? _____
CV: heart murmur _____
* murmur increase with valsalva? _____
* murmur grade III or IV? _____
* murmur diastolic? _____
rhythm _____ click _____ rub _____
pulses: carotid _____ radial _____ pedal (DP _____ PT _____)
edema? _____ cyanosis? _____
Abdomen* enlarged liver? _____
*enlarged spleen? _____
hernia? _____ scars? _____
GU: male _____ testicles R ___ L ___
female _____
inguinal hernia? _____
Skin: gen. _____
rashes _____ impetigo _____ herpes s. _____
**MS shoulder _____
elbow _____
wrist/hand _____
back _____
hip _____
knee _____
ankle _____
feet _____
other _____
identified problems: 1 _____
2 _____
3 _____
recommendations coach/trainer: _____

* Marfan? >2 tall _____ striae _____ hyperextensibility _____
upper to lower body ratio < 0.9 _____ lens dislocation _____
* requires additional evaluation
** detailed exam if history of injury or problem

The above named individual has been cleared for participation in the following sports:

_____ Contact collision (football, soccer, wrestling, etc.)
_____ Limited contact impact (baseball, basketball, volleyball)
_____ Noncontact strenuous (track, field, running, tennis, etc.)
_____ Noncontact moderately strenuous (badminton, table tennis)
_____ Noncontact nonstrenuous (golf, archery, riflery)

Additional evaluation suggested:

_____ none
_____ coach/trainer notification and clearance
_____ physician
_____ family physician _____
_____ sports physician _____
_____ orthopedic surgeon _____
_____ other _____

X **Provider's/Physician's Signature** _____

X **Physician's Name** _____ **X** **Date** _____

(Physician's name must also appear if examination is given by an Advanced Nurse Practitioner or a Certified Physician's Assistant in written collaborative practice with a physician)

Information Regarding Medical History From Page 1

Known Allergies _____

Current Medications _____

Known Medical Condition[s] _____

Dislocations/Fractures/Surgeries _____

If Currently Under a Physician's Care, Please Explain _____

