

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ ID: \_\_\_\_\_

## Physical Examination (To be completed by medical personnel)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_

Vision (optional) Left eye 20/\_\_\_\_ Right eye 20/\_\_\_\_

1.	Skin	
2.	Head	
3.	Eyes (PERL, EOMI, Fundi)	
4.	Ears, nose, throat	
5.	Neck	
6.	Lymphatic	
7.	Respiratory	
8.	Cardiovascular	
	Heart (murmurs?)	
9.	Abdomen	

10	Genitalia (optional)	
11.	Extremities	
12	Neurological	
13	Orthopedic	
	Cervical spine/back	
	Arms/elbows/wrist/hands	
	Hips	
	Knees	
	Ankles / feet	
14	Developmental	
	Tanner staging 1-5 (opt)	

√ = WNL X = omitted + = see "Notes" below

### Please check one:

\_\_\_\_\_ Full, unrestricted clearance

\_\_\_\_\_ Not cleared. Needs clearance by specialist: (Please note below)

\_\_\_ Orthopedist \_\_\_ Cardiologist \_\_\_ Other

Notes: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Screenings may only be performed by licensed MD, DO, PAC, and NP.\*\***

**\*\*\*Physicals must be completed after 6/1/22\*\*\***

### Athletic Screening performed by:

Print \_\_\_\_\_ MD / DO / PAC / NP (circle one)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place Practitioner Office Stamp Here (Required)

Place Practitioner Office Stamp Here (Required)
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