MEDICAL EXAMINATION

Date of Exam ____________ Blood Pressure ____________ Pulse ____________
Height ____________ Eyes R 20/____________ Glasses ____________
Weight ____________ Eyes L 20/____________ Contacts ____________
Urinalysis:
________Blood ________Ketone ________Glucose ________Protein ________PH ________SpG
Hematocrit ____________

Normal	Abnormal	Medical Exam	Comments
❑	❑	1. General appearance (fitness, body fat)	________
❑	❑	2. HEENT (pupils, ears, nose, mouth, teeth, throat)	________
❑	❑	3. Chest (chest wall, breath sounds)	________
❑	❑	4. Cardiac (pulses, rhythm, murmur)	________
❑	❑	5. Abdomen (liver, spleen, masses)	________
❑	❑	6. Genitourinary (hernia, testes)	________
❑	❑	7. Skin (rash, jaundice)	________
❑	❑	8. Neurologic (CNS, DTR's sensation)	________
❑	❑	9. Other	________
		Musculoskeletal Exam	
		1. Spine (deformity, tenderness, motion, strength)	
❑	❑	a. cervical	________
❑	❑	b. thoracic	________
❑	❑	c. lumbar	________
		2. Upper extremity (deformity, tenderness, motion, strength, stability)	
❑	❑	a. AC joint/clavicle	________
❑	❑	b. shoulder	________
❑	❑	c. elbow	________
❑	❑	d. wrist	________
❑	❑	e. hand	________
		3. Lower extremity (deformity, tenderness, motion, strength, stability)	
❑	❑	a. hip	________
❑	❑	b. knee (MCL, ACL, PCL, menisci)	________
❑	❑	c. leg (hams, quads, gastroc)	________
❑	❑	d. ankle (talar, tilt, drawer)	________
❑	❑	e. foot	________

FINDINGS

Diagnosis — Treatment Recommendations

1. ____________
2. ____________
3. ____________
4. ____________

DISPOSITION

❑ 1. Cleared for collision, contact, and non-contact sports. ____________

❑ 2. Conditional participation, limited to: ____________

❑ 3. No participation until: ____________

❑ 4. No participation in any sport, because of: ____________

PHYSICIAN'S STATEMENT

I hereby certify that I (1) _____have; (2) _____have not; found ____________
NAME OF STUDENT
to be physically fit to participate in interscholastic high school sports, including tackle football.

Physician's Signature:____________ Date:____________

PARENT'S STATEMENT

I hereby state that the information given on this statement is true to the best of my knowledge.

Parent's Signature:____________ Date:____________