

;; 3Rk, o'.y€'o, o|'rkkn'k' }-o}} pkm€|ol
 ; <3Rk, o'.y€'o, o|'l oox' yv' r k ~.y€'rk, o6y|'rk, o'.y€'rkkn'kx' b7k...py|'k-kx-yk,, kv2komu3s} -kl ss.l
 ; =3Ny'.y€'|oq€k|v.€)o'k'l |kno'y|'k}}§-s o'no, smol
 ; >3Rk}'k'nymy|' yv'.y€'rk~.y€'rk, o'k}'fwk'y|'kwo|qso}l
 ; ?3Ny'.y€'ny€qr6f rooto'y|'rk, o'nsone..l |ok+sq'n€|sq'y|'kpe|'o, o|ns}ol
 ; @3Rk, o'.y€'o, o|'€)on'kx'srkvo|'y|'kuox'k}'fwk'wonsk syxl
 ; A3Ny'.y€'rk, o'q|ys'y|'o}'nk|'zks6y|'k'zkspevl €qo'y|'ro|xk's'ro'q|ys'k|okl
 ; B3a o|o'.y€'l.y€'of sry€-6k|o'.y€'ws}sq6y|'ny'.y€'rk, o'k'xyx7€msyxsq usxo..6o..o6-o}'smo
 y|'kx..y'ro|'y|qkxl



Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____, ____ / ____)
 Vision: R20/____ L20/____ Corrected: Y N
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction

Cleared With Following Restriction: _____

Not Cleared For: All Sports Certain Sports: _____ Reason: _____

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP