

PHYSICAL EXAMINATION FORM

(To be completed by Physician, nurse Practitioner, and/or Physician's Assistant)

This form or your medical examination form can be used. Please assure all elements from this form are reflected in your office form.

Student: (Please Print): _____

Date of Birth : _____

Grade: _____

Height: _____ Weight: _____ Pulse _____ BP _____ / _____ Eyes: R20/____ L/20 _____

Corrected: Yes No (circle one), Pupils: Equal Unequal (circle one)

PART A: NORMAL/ABNORMAL FINDINGS

Appearance

Eyes/Ears/Nose/Throat

Lymph Nodes

Heart

Pulse

Lungs

Abdomen

Skin

PART B: MUSCULOSKELETAL

Neck

Back

Shoulder/Arm

Elbow/Forearm

Wrist /Hand

Hip/Thigh/Knee

Leg/Ankle/Foot

PART C: CLEARANCE

Cleared (Please initial on line provided): _____

Cleared after completing evaluation/rehabilitation (Please initial on line provided): _____

Not Cleared _____ Reason: _____

Name of clinician/physician (Please Print) _____ Signature: _____

Address: _____ Phone: _____ Date: _____