

Physical Examination

Optional

Name: _____

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/____
Right 20/____

Urinalysis: _____

Body Fat %: _____

HCT: _____

EST VO2 Max: _____

Audiometry: _____

Normal

- 1. Head
- 2. Eyes (pupils), ENT
- 3. Teeth
- 4. Chest
- 5. Lungs
- 6. Heart
- 7. Abdomen
- 8. Genitalia
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Upper extremities
- 14. Lower extremities

Abnormal

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Examiner's Comments

Assessment: Full participation
 Limited participation (describe limitations, restrictions):

Participation contraindicated/not recommended (list reasons):

Examiner's Certification

Date of complete physical examination: _____

I hereby certify that the above named individual's physical condition is adequate to participate in supervised activities not crossed out below:

Cross Country Football Volleyball Basketball Track Cheerleading

Examiner's Signature

Date