

## PHYSICAL EXAM

To be completed by physician

Athlete's Name_					
Height	t Weight		Pulse_	Blood Pressure	
Vision: R/_ L/_	Uncorrected	l R/_ L/_	Corrected Corrected		
		Normal		Abnormal Findings	Initials
1. Eyes				-	
2. Ears, Nos					
3. Mouth &	Teeth				
4. Neck					
5. Cardiovas					
6. Chest & I					
7. Abdomen	l				
8. Skin 9. Genitalia-	Hamia (1-)				
9. Genitaria-	, ,				
strength, e					
a. neck	ic				
b. spine					
c. shoulders					
d. arms/hands	3				
e. hips					
f. thighs					
g. knees					
h. ankles					
i. feet					
11. Neuromu	scular				
Please Print: Physician's Nam Street Address	e				
Street AddressState					
City State Telephone & Extension					<del></del> -
I certify that I ha	ve examined t I also certify t	his athlete a hat I am a l	and found him	/her medically qualified to al physician, physician, sa	participate in a
Physician's Signature			Date		
PARTICIPATIO	ON RESTRIC	CTIONS:			