PHYSICAL EXAMINATION

Age:____________ Pulse:____________

Height:____________ Blood Pressure:____________

Weight:____________ Visual Acuity: Left 20/_______
Right 20/ _______

Optional

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

Normal			Abnormal	
☐	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.	Shoulders, Upper extremities	☐	____________
☐	14.	Lower extremities	☐	____________

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

____

____

☐ Participation contraindicated (list reasons):

____

____

Recommendations (equipment, taping, rehabilitation, etc.):

____

____

DATE: ____________________ EXAMINER'S SIGNATURE: ____________________

EXAMINER'S PHONE: (   )________________ PRINT EXAMINER'S NAME: ____________________