



PHYSICAL EVALUATION FORM

*This form must be completed by a licensed physician or a certified nurse practitioner/physician assistant.

STUDENT GENERAL INFORMATION

Student Name				Age	Date of Birth (Month - Day - Year)
Height	Weight	% Body Fat (optional)	Pulse	Blood Pressure	
				____/____ (____/____, ____/____)	
Vision		Corrected? (✓)	Pupils	Hearing	
(Right) 20 / ____	(Left) 20 / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Equal <input type="checkbox"/> Unequal	(Right) _____	(Left) _____

MEDICAL EXAMINATION

	Normal (✓)	Abnormal (✓)	Explanation/Comments:
• Appearance	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Pulses	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Genitalia/Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____

MUSCULOSKELETAL EXAMINATION

	Normal (✓)	Abnormal (✓)	Explanation/Comments:
• Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Back	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Shoulder/Arm	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Elbow/Forearm	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hip/Thigh	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Knee	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Leg/Ankle	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____

CLEARANCE

Student is cleared for all activities

Student is NOT cleared for: _____

Reason: _____

Recommendations: _____

Name of physician: _____

Address: _____

(Signature)

(Date)