PHYSICAL EXAMINATION

Height _____ **Blood Pressure** _____ **Vision:** Left eye 20/ _____
Weight _____ (sitting, left arm) Right eye 20/ _____
Body fat _____% **Pulse** _____ Both eyes 20/ _____
(optional)

1. Skin	
2. Head	
3. Eyes (PERLA, EOMI, Fundi)	
4. Ears, nose, throat	
5. Neck	
6. Lymphatics	
7. Respiratory	
8. Cardiovascular	
Heart (murmurs?)	
Pulses	
9. Abdomen	
10. Genitalia (optional)	
11. Extremities	
12. Neurologic	
Reflexes	
13. Orthopedic	
Cervical spine/back	
Arms/elbows/wrist/hands	
Hips	
Knees	
Ankles/feet	
14. Developmental	
Tanner staging (optional) 1 - 5	

√ = within normal limits
\+ = see comments
X = omitted

COMMENTS/RECOMMENDATIONS:

_____
_____
_____
_____
_____
_____

☐ Stretching emphasized
☐ Discussed fitness/ideal weight
☐ Discussed treatment of acute injuries
☐ Discussed prevention of sun/heat-related problems
☐ Discussed testicular cancer exams

MEDICAL CLEARANCE: **[note: as appropriate for age & development]**

☐ Full contact/collision level

☐ Limited contact/impact

☐ Non contact: strenuous

☐ Non contact: non-strenuous

☐ *Clearance deferred or no participation at this time because:*

_____
_____
_____

_____M.D. / D.O. /N.P./P.A. (CA license # _____)

Date _____