

**PHYSICAL EXAMINATION**  
**University of Dayton Sports Medicine**

Name \_\_\_\_\_ Class \_\_\_\_\_ Sport \_\_\_\_\_ Date \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Date of Birth \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_; \_\_\_\_/\_\_\_\_) Pulse \_\_\_\_\_

Vision: L 20/\_\_\_\_ R 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

<b>MEDICAL</b>	<b>Normal</b>	<b>Abnormal Findings</b>	<b>Initials</b>
Ears/Nose/Throat			
Lymph Nodes			
Heart			
Precordial Auscultation Supine & Standing			
Pulses (femoral +)			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Eye Exam			
Dental (Teeth)			
Other			

<b>MUSCULOSKELETAL</b>			
Neck & Back			
Shoulder/Arm			
Elbow/Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			

**CLEARANCE:**

Cleared                       Cleared with the following  
 recommendations \_\_\_\_\_

\_\_\_\_\_

Cleared after completing evaluation/rehabilitation  
 for \_\_\_\_\_

\_\_\_\_\_

Not cleared for: \_\_\_\_\_

Reason: \_\_\_\_\_ Name & Address of \_\_\_\_\_

**Physician** \_\_\_\_\_

**Date** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Signature of Physician** \_\_\_\_\_