

PHYSICAL EXAMINATION		MUSCOSKELETAL
Circle N if Normal, Cross it out with an X if Abnormal and Comment Leave Blank if not examined		Students: Fill out prior to physical
Height	BIM:	Weight:
Blood Pressure (Sitting/Rt. Arm) _____		PMH:
Cuff Size R L T		
Pulse: Resting Rate _____		
2 mins after 30 sec exercise _____		
		MSK:
Visual Acuity: <input type="checkbox"/> With or <input type="checkbox"/> Without Correction		
L20/ R/20/ With Contact Lenses Y <input type="checkbox"/> N <input type="checkbox"/>		Diet/Supplements:
General Appearance: NDWN (W B O P) (M F)		
Somatotype: Thin Normal Heavy Fat Marfan		Allergies:
Pupils: L <input type="checkbox"/> Greater Than <input type="checkbox"/> Equal To <input type="checkbox"/> Less Than R		
Eyes: E.O.M: N		Medication:
Ears/ Nose/Throat: N		
Lymph Nodes: N		
Cardiac (including murmur): N		
Neuro: N		
Chest Lungs: N		
Abdomen: N		
Genitalia/Hernia: N		
Skin: N		
Other Remarks:		
Doctor's Signature:		Screen Bse:
FOR ATHLETIC DEPARTMENT USE ONLY		
1. <input type="checkbox"/> Unrestricted activity in sport or events noted:		Pending: LEP, BP, Lab, X-Ray
2. <input type="checkbox"/> No participation until: ___/___/___ and/or		Pending: LEP, BP, Lab, X-Ray
3. <input type="checkbox"/> Conditional participation limited to:		Pending: LEP, BP, Lab, X-Ray

Date: _____ Team Doctor's Signature: _____