

PHYSICAL EXAMINATION

(To be completed and signed by MD, NP, or PA) Required by August 1

Student name _____ Date of Physical _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____ Respiration _____

	Norm.	Abn.	N.E.	Comments
Head				
Eyes				
ENT				
Teeth				
Neck (incl. thyroid)				
Chest and lungs				
Heart				
Abdomen				
Genitalia (incl. hernia)				
Pelvic (if indicated)				
Rectal (if indicated)				
Spine				
Extremities and joints				
Neurologic				
Skin				
Emotional status				

Is the student free from communicable disease? Y or N

Drug Sensitivity? If so, what? _____

Is the patient now under treatment for any medical or emotional condition? Y or N

If yes, what? _____

Are you aware of any other pertinent information pertaining to this student's health that has not been addressed in the history and physical?

Y or N If yes, what? _____

Is this student capable of participating in a full program of physical activity, including competitive athletics?

Y or N Limitations, if any? _____

Impression(s) _____

Recommendations _____

MD, NP, or PA signature _____ Physician's phone _____

This completed form must be submitted as directed, regardless of anticipated participation in athletics.