

MEDICAL EXAMINATION -- To Be Completed By Medical Doctor or his designee

NAME _____ DATE OF BIRTH _____

GENERAL EXAM

	Normal	Abnormal Findings
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
		Arrythmia
		Murmur
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY (TANNER STAGE) 1 2 3 4 5		

HEIGHT _____ WEIGHT _____
 BLOOD PRESSURE _____ PULSE _____
 HCT/HGB _____
 URINALYSIS: _____ Protein _____ Blood _____ Glucose _____
 VISUAL ACUITY: _____ RIGHT _____ LEFT
 CORRECTED TO: _____ RIGHT _____ LEFT
 HEARING: _____

BODY FAT (Optional) = _____ %
CHOLESTEROL (Optional) = _____

LAST TETANUS BOOSTER	Date: _____
LAST MEASLES (MMR) BOOSTER	Date: _____
OTHER IMMUNIZATIONS _____	Date: _____

SUMMARY: _____

ORTHOPEDIC EXAM

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK		
SPINE		
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

RECOMMENDATIONS

WEIGHT LOSS/GAIN _____ MEDICATIONS _____
 STRENGTHENING _____ SPECIAL EQUIPMENT _____
 STRETCHING _____ BRACING/TAPING _____
 CONDITIONING (Endurance) _____

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to complete in supervised athletic activities except those listed below:

 SIGNATURE OF MEDICAL DOCTOR _____ M.D. _____ EXAM DATE _____ TELEPHONE _____ MEDICAL DOCTOR PRINT OR STAMP _____