

PART II: PHYSICAL ASSESSMENT: *Circle ALL that Apply:* Freshman Sophomore Junior Senior Transfer MDSA Potential Athlete
 (This form is to be completed by the Health Care Provider and submitted to the Nurses' Office.)

Date of Exam: _____ Student Name: _____ DOB: _____

EXAMINATION:

Height: _____ Weight: _____

BP _____ / _____ (_____ / _____) Pulse _____ Vision R 20/ _____ L 20/ _____ Corrected Y N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat Pupils equal Hearing		
Lymph nodes		
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximum impulse (PMI)		
Pulses Simultaneous femoral and radial pulses		
Behavioral Health Issues Depression, Anxiety, OCD, Eating Disorders		
Lungs		
Abdomen		
Skin Lesions suggestive of MRSA		
Neurologic/Concussions ^a How many and when?		
Musculoskeletal		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

^a Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports and Physical Education without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for the following:

- Not cleared: Please Explain:
 - Pending further evaluation
 - For any sports
 - For certain sports (indicate sport(s) and reason):
 - Other:

Recommendations: _____

Physician/Nurse Practitioner Name (Print): _____ Date: _____

Signature of Physician/Nurse Practitioner: _____

Address: _____ Phone: _____

Physician's Stamp

