# Doctor Physical Examination

| | | | |
|---|---|---|---|
| Full name | | Date of birth | |
| Organization | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Height | | BP | | Vision Left | 20 / | Hearing Right | |
| Weight | | Pulse | | Vision Right | 20 / | Hearing Left | |
| Skin | | BMI% | | Contacts | ☐ Yes ☐ No | | |

| | | | |
|---|---|---|---|
| Cervical | ☐ NL | ☐ AB | Flex/Ext |
| | ☐ NL | ☐ AB | Rotation right/left |
| | ☐ NL | ☐ AB | Lateral flexion right/left |
| Shoulder | ☐ NL | ☐ AB | Forward flexion/ext |
| | ☐ NL | ☐ AB | Abduction/Adduction |
| | ☐ NL | ☐ AB | Internal/Ext rotation |
| | ☐ NL | ☐ AB | Horizontal Abd/Add |
| | ☐ NL | ☐ AB | A-C Joint/Clavicle |
| | ☐ NL | ☐ AB | Stability Testing |
| | ☐ NL | ☐ AB | Biceps flex/ext |
| | ☐ NL | ☐ AB | Elbow supination/pronation |
| | ☐ NL | ☐ AB | Wrist/Hand |
| Knee | ☐ NL | ☐ AB | Patellar tendon |
| | ☐ NL | ☐ AB | Tibial tuberosity |
| | ☐ NL | ☐ AB | MCL/LCL |
| | ☐ NL | ☐ AB | ACL/PCL |
| | ☐ NL | ☐ AB | Cartilage testing |
| | ☐ NL | ☐ AB | Quads/Hamstrings |
| | ☐ NL | ☐ AB | Gastroc/Soleus complex |
| | ☐ NL | ☐ AB | Patella crepitus |
| | ☐ NL | ☐ AB | Patella tracking |

| | | | |
|---|---|---|---|
| Hip | ☐ NL | ☐ AB | Hip flexors/gluteals |
| | ☐ NL | ☐ AB | Add/Abd-groin/IT Band |
| | ☐ NL | ☐ AB | Int/Ext rotation |
| Ankle | ☐ NL | ☐ AB | Plantar/Dorsiflexion |
| | ☐ NL | ☐ AB | Inversion/Eversion |
| | ☐ NL | ☐ AB | Subtalar joint |
| | ☐ NL | ☐ AB | Ligament Testing |
| | ☐ NL | ☐ AB | Feet/Toes |
| Thoracic/Lumbar | ☐ NL | ☐ AB | Flex/Ext |
| | ☐ NL | ☐ AB | Rotation right/left |
| | ☐ NL | ☐ AB | Lateral flexion right/left |
| | ☐ NL | ☐ AB | Abdominals/Obliques |
| General Flexibility | ☐ NL | ☐ AB | Hamstrings |
| | ☐ NL | ☐ AB | Quadriceps |
| | ☐ NL | ☐ AB | Lumbar spine |
| | ☐ NL | ☐ AB | Achilles |
| Other | ☐ NL | ☐ AB | Eyes, Ears, Nose, Throat |
| | ☐ NL | ☐ AB | Lungs |
| | ☐ NL | ☐ AB | Heart |
| | ☐ NL | ☐ AB | Abdomen |
| | ☐ NL | ☐ AB | Genitalia/Hernia |

Describe Abnormals: _____

_____

☐ **Cleared for all sports no restrictions**

☐ **Not cleared for any sports**

☐ **Not cleared for certain sports**

☐ **Not cleared pending further evaluation**

DO NOT WRITE ON BAR CODE

Recommendation: _____

_____

Doctor's Office Official Stamp

** Not valid without stamp **

201502142256

**Date of physical** _____ **(Not accepted without)**

Name of physician _____

Address _____

Phone _____

Signature of physician _____