SPORTS PHYSICAL EVALUATION

Must be completed and signed by personnel performing student's physical evaluation

Name:_____ enrolled in_____(school)
Sports:_____Age:_____
Height:_____ Weight:_____ BP___/___ Pulse____ Handed R____ or L_____
Parent/Guardian:_____Phone_____
Family Physician:_____ Phone_____

Medical Examination

Normal	Abnormal Findings		If Abnormal Explain
☐	☐	EENT	
☐	☐	Cardiovascular	
☐	☐	Cardiopulmonary	
☐	☐	Lungs	
☐	☐	Abdomen	
☐	☐	Genitourinary	
☐	☐	Neurological	
☐	☐	Skin	
☐	☐	Other	

Musculoskeletal Exam

Normal	Abnormal Findings		If Abnormal Explain
☐	☐	Scoliosis	
☐	☐	Special Tests (based on history form)	
☐	☐	Neck	
☐	☐	Shoulder	
☐	☐	Elbow	
☐	☐	Wrist	
☐	☐	Hand	
☐	☐	Back	
☐	☐	Knee	
☐	☐	Ankle	
☐	☐	Foot	
☐	☐	Other	

Clearance for sports participation:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:_____

C. Cleared for: ☐ Collision ☐Contact ☐ Noncontact ☐ Strenuous ☐ Moderately Strenuous ☐ Nonstrenuous due to:_____

_____

_____

Recommendation/referral:_____

_____

Examiner name:_____ Date:_____
Address:_____ Phone:_____
Signature: MD/DO, PAC, CRNP, SNP_____