





# MEDICAL STAFF EXAMINATION FORM

This page should be filled out by a medical professional



Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

## EXAMINATION

Height	Weight	Sex: Male	Female
BP / ( / )	Pulse	Vision R 20/	L 20/
		Corrected: Yes	No

GENERAL MEDICAL	NORMAL	ABNORMAL FINDINGS
Eyes/Ears/Nose/Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin (HSV, lesions suggestive of MRSA, tinea corporis, etc.)		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (duck-walk, single leg hop)		

Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_  
 Not Cleared  
 Pending further evaluation  
 For any sports  
 For certain sports \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed a physical evaluation. The athlete does not present apparent clinical contraindications to practice/participate in the sport(s) outlined above. A copy of the exam is on record in my office and can be available at the request of the parents. If conditions arise after the athlete has been cleared for participation, the health professional may rescind the clearance until the problem is resolved and the potential consequences are explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Health Care Professional \_\_\_\_\_