



Student Physical Examination by a Physician

Student's name:		Today's date:	
Date of birth:	Age at time of examination:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School:		Grade:	
Height:	Weight	% Body fat	Blood pressure: ___/___ (___/___, ___/___) PULSE:
Vision: R 20/___ L 20/___		With correction: R 20/___ L 20/___	
Hearing:		With correction:	
Urinalysis: S.B. _____ ALB. _____ Sugar _____ Micro _____		School sport(s) in which student plans to participate:	
		1 _____	
		2 _____	
		3 _____	

Physical examination	Explanation of abnormal findings
Appearance <input type="checkbox"/> Normal	
Eyes/ears/nose/throat <input type="checkbox"/> Normal	
Lymph nodes <input type="checkbox"/> normal	
Cardiovascular <input type="checkbox"/> normal	
Cardiopulmonary <input type="checkbox"/> normal	
Lungs <input type="checkbox"/> normal	
Abdomen <input type="checkbox"/> normal	
Genitourinary <input type="checkbox"/> normal	
Neurological <input type="checkbox"/> normal	
Skin <input type="checkbox"/> normal	
Musculoskeletal	
Neck <input type="checkbox"/> normal	
Back/spine <input type="checkbox"/> normal	
Shoulder/arm <input type="checkbox"/> normal	
Elbow/forearm <input type="checkbox"/> normal	
Wrist/hand/fingers <input type="checkbox"/> normal	
Hip/thigh <input type="checkbox"/> normal	
Knee <input type="checkbox"/> normal	
Leg/ankle <input type="checkbox"/> normal	
Foot/toes <input type="checkbox"/> normal	
Tuberculin tests: Date applied: Date read: Result/follow-up:	
1	
2	
List any medications the student currently takes and the dosage:	
The student is:	
<input type="checkbox"/> cleared for participation in the sport(s) named above	
<input type="checkbox"/> cleared with recommendation for further evaluation or treatment for: _____	
<input type="checkbox"/> not cleared for: _____	

Signature of physician		Date
Name of physician or authorized examiner	Telephone number (including country code)	
Address of clinic	License number/seal/stamp	



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