



;; 3Rk, o'.y€'o, o|'rkkn'k' }-o}} pkm€|ol  
 ; <3Rk, o'.y€'o, o|'l oox' yv' r k ~.y€'rk, o6y|'rk, o'.y€'rkkn'kx' b7k...py|'k-kx-yk,, kv2komu3s} -kl ss.l  
 ; =3Ny'.y€'|oq€k|v.€)o'k'l |kno'y|'k}}§-s o'no, smol  
 ; >3Rk}'k'nymy|' yv'.y€'rk~.y€'rk, o'k}'fwk'y|'kwo|qso}l  
 ; ?3Ny'.y€'ny€qr6f rooto'y|'rk, o'nsone..l |ok+sq'n€|sq'y|'kpe|'o, o|ns}ol  
 ; @3Rk, o'.y€'o, o|'€)on'kx'srkvo|'y|'kuox'k}'fwk'wonsk syxl  
 ; A3Ny'.y€'rk, o'q|ys'y|'o}'nk|'zks6y|'k'zkspevl €qo'y|'ro|xk'sx'ro'q|ys'k|okl  
 ; B3a o|o'.y€'l.y€'of sry€-6k|o'.y€'ws}sq6y|'ny'.y€'rk, o'k'xyx7€msyxsq usxo..6o..o6-o}'smo  
 y|'kx..y'ro|'y|qkxl







Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_  
 BP: \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_ )  
 Vision: R20/\_\_\_\_ L20/\_\_\_\_ Corrected: Y N  
 Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
<b>Medical</b>			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

**NOTES:**

Cleared Without Restriction

Cleared With Following Restriction: \_\_\_\_\_

Not Cleared For: All Sports Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:

Recommendations: \_\_\_\_\_

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP