

PHYSICAL EXAMINATION

Optional

Pulse: _____

Urinalysis:

Height: _____

Blood Pressure: _____

Body Fat %:

Weight: _____
Grade _____

Visual Acuity: Left 20/_____
Right 20/_____

HCT:

EST VO2 Max:

Audiometry:

Normal

Abnormal

- | | | | |
|--------------------------|---------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1 Head | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 2 Eyes (pupils), ENT | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3 Teeth | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4 Chest | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5 Lungs | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6 Heart | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7 Abdomen | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8 Genitalia | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9 Neurologic | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10 Skin | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 11 Physical Maturity | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 12 Spine. Back | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 13 Shoulders. Upper extremities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 14 Lower extremities | <input type="checkbox"/> | _____ |

Assessment: Full participation
 Limited participation (describe limitations, restrictions):

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

DATE: _____ EXAMINER'S SIGNATURE: _____
EXAMINER'S PHONE: _____ PRINT EXAMINER'S NAME: _____

PHYSICAL EXAM IS GOOD FOR 24 MONTHS