

## SPORTS PHYSICAL EXAMINATION

NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

1. Body Type: Slender \_\_\_\_\_ Medium \_\_\_\_\_ Obese \_\_\_\_\_ Nutritional Status \_\_\_\_\_

2. Orthopedics:

A. Postural Study, including extremities, feet and scoliosis screen:

B. Flexibility, including hamstrings and quad muscles:

Tight \_\_\_\_\_ Loose \_\_\_\_\_

C. Body Strength:

1. Upper Extremities:

a. Symmetrical:

b. Asymmetrical:

2. Lower Extremities:

a. Symmetrical:

b. Asymmetrical:

C. Joint Stability and Range of Motion:

1) Anterior Drawer Test

2) Pivot shift for rotatory instability

3) Stability of any previous injured joint

3. Review of School Health Record for results of Vision, Hearing, Scoliosis and Growth Screenings; Tuberculosis Tests; Immunization Status.

4. Eyes:

5. Ears:

6. Nose:

7. Throat and Mouth:

8. Rib Cage:

9. Breasts:

Please turn over ⇐

**10. Heart:**

**11. Lungs:**

**12. Abdomen:**

**13. Genitalia: (boys only) a. Hernia:**  
**b. Testicles:**

**COMMENTS ON ABNORMALITIES:**

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**Physician or Physician's Assistant or Nurse Practitioner Signature**

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**DATE**