

SPORTS PHYSICAL EXAMINATION

DATE: _____ 20 _____

NAME: _____ GRADE: _____

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:

D. 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:

VISION:

HEARING:

GROWTH AND DEVELOPMENT:

IMMUNIZATION STATUS/TB TEST:

4. Eyes:
5. Ears:
6. Nose:
7. Throat and Mouth:
8. Rib Cage:
9. Breasts:
10. Heart:
11. Lungs:
12. Abdomen:
13. Genitalia: (boys only) a. Hernia:
 b. Testicles:

COMMENTS ON ABNORMALITIES:

Physician Signature

Date

Print Name of Examiner

Address

Telephone Number