

**Athlete's Name** \_\_\_\_\_

**General Examiner:** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected? Yes No

Pupils \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat		
Heart		
Chest/ Lungs		
Skin/ Lymphatic		
Abdominal		
Genitalia/ Hernia		

**Musculoskeletal Examination**

**Examiner:** \_\_\_\_\_

	Normal	Abnormal Findings
Neck/ Back		
Upper Extremities		
Lower Extremities		
Flexibility		

**Optional Lab**

Urine Sugar \_\_\_\_\_

Urine Protein \_\_\_\_\_

Urine Hematest \_\_\_\_\_

**Official Recommendation**

A. This athlete \_\_\_\_\_ may \_\_\_\_\_ may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

**Date:** \_\_\_\_\_