



Health History Questionnaire and Physical Exam

II. PHYSICAL EXAM

Student Name: _____

DOB: _____

| Height: | Weight: | Pulse: | BP: |
|------------------------|---------|---------------|-----------------|
| MEDICAL | | Normal | Abnormal |
| General Appearance | | | |
| Eyes/Ears/Nose/Teeth | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Hernia (males only) | | | |
| Menses (females only) | | | |
| Neurological | | | |
| Skin | | | |
| MUSCULOSKELETAL | | Normal | Abnormal |
| Neck | | | |
| Back/Spine | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Feet/toes | | | |

Cleared for full participation

Not cleared for participation

Able to participate with the following limitations: _____

Recommendations/Comments: _____

I have examined the above-named student and completed the pre-participation physical evaluation.

Licensed Healthcare Practitioner Signature _____ Date _____

PHYSICIAN'S CLEARANCE – Physician/Medical Facility Official Stamp/Name/Date is Required on this form or attach separate medical form/letter from medical office.