



PHYSICAL EXAM FORM  
COMPLETED BY UNITED STATES PHYSICIAN

**\*SPORTS PHYSICALS MUST BE RENDERED ON OR AFTER JUNE 1,  
2018\***

General Appearance \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

Vision: Corrected/Uncorrected (Circle one) R \_\_\_\_\_ L \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_ Drums R \_\_\_\_\_ L \_\_\_\_\_

Nose \_\_\_\_\_ Sinuses \_\_\_\_\_

Mouth \_\_\_\_\_ Throat \_\_\_\_\_ Tonsils \_\_\_\_\_ Thyroid \_\_\_\_\_

Dental Status \_\_\_\_\_ Speech Therapy \_\_\_\_\_

Skin \_\_\_\_\_ Scars \_\_\_\_\_

Heart Rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Murmur \_\_\_\_\_ BP \_\_\_\_\_ Cardiac follow-up Yes \_\_\_ No \_\_\_

Allergies \_\_\_\_\_ Epi-Pen Yes \_\_\_ No \_\_\_ Allergy follow-up Yes \_\_\_ No \_\_\_

Asthma \_\_\_\_\_ LIMIT RUNNING YES \_\_\_ NO \_\_\_ Asthma follow-up Yes \_\_\_ No \_\_\_

Spine \_\_\_\_\_ Brace Yes \_\_\_ No \_\_\_ Scoliosis follow-up Yes \_\_\_ No \_\_\_

Abdomen Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Urine \_\_\_\_\_ Blood \_\_\_\_\_

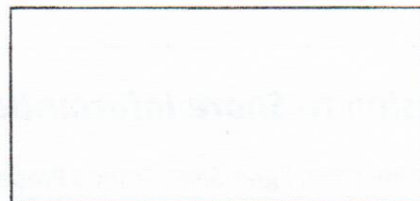
Mental Health \_\_\_\_\_

Date of most recent tetanus - Type \_\_\_\_\_ Date \_\_\_\_\_

**FULL PHYSICAL ACTIVITY YES \_\_\_\_\_ NO \_\_\_\_\_**

STAMP

SIGNED \_\_\_\_\_



DATE OF EXAMINATION \_\_\_\_\_