

PHYSICAL EXAMINATION for Kingswood Athletic Department

Student Name: _____ Birth Date: _____ Age: _____ Gender: M / F

Circle Current Grade: 7 - 8 - 9 - 10 - 11 - 12

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Vision: R _____ L _____ Glasses Y / N Contacts Y / N

Joint	Right Side Findings	Left Side Findings
HEAD & NECK: ROM		
SHOULDER: ROM		
Joint Laxity		
ELBOW: ROM		
Joint Laxity		
WRIST: ROM		
Joint Laxity		
TRUNK: ROM		
SCOLIOSIS		
HIP: ROM		
Joint Laxity		
KNEE:ROM		
ANKLE: ROM		
Joint Laxity		
NEURO: Romberg		
Balance & Coordination		

Indicators	Normal? (circle one)	Abnormal Findings/Comments
Head/Neck	YES NO	
Eyes/Sclera/Pupils	YES NO	
Ears	YES NO	
Nose/Mouth/Throat	YES NO	
Heart: Murmurs/Rhythms	YES NO	
Lungs: Auscultation/Percussion	YES NO	
Chest Contour	YES NO	
Skin	YES NO	
Abdominal Assessment: (inc. liver, spleen)	YES NO	

Areas of concern for further treatment or rehabilitation:

Clearance:

- _____ Student Athlete may participate in all sports activities
- _____ Student Athlete may only participate in non contact or limited contact sports
- _____ Student Athlete may participate in all or non-contact sports (please indicate) after further rehabilitation or treatment.

Physician Signature: _____ Date: _____