



FPC Sports Medicine Physical Examination Form

Student's Name (print): _____ Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP _____ / _____ Sport: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

ALL BLANKS MUST BE COMPLETED

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
Genitalia (males only)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for:

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date of Examination: _____

Physician's Address: _____

Physician's Phone Number: _____

Physician's Signature: _____

***Must be completed before a student participates in any practice (both in-season and out-of-season) or games/matches**