

**FRASSATI CATHOLIC HIGH SCHOOL
PHYSICAL: EXAMINATION FORM**

Student's Name: _____

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____ % Body Fat (optional) _____

Vision R 20/ _____ L 20/ _____ Corrected: Yes ___ No ___ Pupils: Equal _____ Unequal _____

Hearing: Normal _____ Referred _____ Spinal Exam: Normal _____ Referred _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine			
Heart-Auscultation of the heart in the standing position			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

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

CLEARANCE

- Cleared for Participation in Athletics
 Not cleared for Participation Reason: _____

Recommendations and/or Restrictions: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practiced Nurse by the Board of Nurse Examiners.

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

Address: _____ Phone Number: _____

Signature: _____ Title: _____