

Name: _____
Last First Middle

Date of Birth _____ RAM ID #: R _____ - _____ - _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Pulse _____

1. Skin _____

2. Eyes _____

3. Ears _____

4. Nose/Sinuses _____

5. Mouth/Throat/Dental _____

6. Neck/Thyroid _____

7. Heart _____

8. Lungs/Chest _____

9. Breasts _____

10. Abdomen _____

11. Nervous System _____

12. Extremities/Joints _____

13. Back _____

14. Genitourinary System _____

15. Emotional/Mental Status _____

Date of Physical Exam _____ / _____ / _____

For Females - Date of LMP _____

Please list all allergies _____

Recommendations for physical activity: ☐ Unlimited ☐ Limited (with explanation below)

☐ Recommendations regarding care of this student (with explanation below)

☐ Student now under treatment for medical or emotional condition (with explanation below)

☐ Athletic Cardiac Questionnaire (Attach Copy)

☐ History of cardiac evaluation (Attach Copy)

☐ Student is fully cleared to participate in athletics.

Please comment on any abnormal condition the student has had or is being treated for: _____

Provider's Signature _____

Date _____

Address _____

Phone (_____) _____

Fax (_____) _____

PROVIDER STAMP: