

**General Physical Education**

Examiner: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected? \_\_\_\_ Yes \_\_\_\_ No Pupils \_\_\_\_\_

	Normal	Abnormal Findings
Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatic	_____	_____
Abdominal	_____	_____
Genitalia/Hernia	_____	_____

**Musculoskeletal Examination**

Examiner: \_\_\_\_\_

	Normal	Abnormal Findings
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Flexibility	_____	_____

**Optional Lab**

Urine Sugar \_\_\_\_\_

Urine Protein \_\_\_\_\_

Urine Hematest \_\_\_\_\_

**Official Recommendation**

A. This athlete \_\_\_\_\_ may \_\_\_\_\_ may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_