

Physical Examination

to be completed by examiner

Age: _____ Pulse: _____
Height: _____ Blood Pressure: _____
Weight: _____ Visual Acuity: Left 20/ _____
Right 20/ _____

Optional

Urinalysis:
Body Fat %:
HCT:
EST VO2 Max:
Audiometry:

Olympia School District

Initial Athletic Physical Examination Form

Normal

- 1. Head
- History of Concussions
- 2. Eyes (pupils), ENT
- 3. Teeth
- 4. Chest
- 5. Lungs
- 6. Heart
- 7. Abdomen
- 8. Genitalia
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Shoulders, Upper extremities
- 14. Lower extremities

Abnormal

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Assessment: Full participation
 Limited participation (describe limitations, restrictions)

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

_____ Date

_____ Examiner's Signature

() _____
Examiner's Phone

_____ Print Examiner's Name

Name: _____

Address: _____

Phone: _____

Sport(s) _____

Exam Date: _____

