

Name _____ Age _____ Male Female

PHYSICAL EXAMINATION

Height _____ Weight _____ Vision _____ Right _____ Left _____ Both _____

Blood Pressure #1 _____ / _____ #2 _____ / _____ (Repeat if >120/80)

Focused Exam	Normal	Abnormal findings	Initials
Appearance (Marfan stigmata)			
Heart			
Pulses (femoral)			
Other			
Musculoskeletal			
Neck			
Shoulders/arms			
Elbows/forearms			
Wrists/hands/fingers			
Hips/thighs			
Back			
Knees			
Legs/Ankles			
Feet/toes			
Functional (duck-walk, single leg hop)			

CLEARANCE:

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

- **NOT CLEARED.** Needs further evaluation for:

Comments:

Name of examiner(s): _____ Exam date: _____

Examiner's signature _____ Co-signature: _____

Natividad Family Medicine Residency Program ** 1441 Constitution Blvd. Salinas, CA 93906 ** 831-755-4201

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