Neight	Name		Age		_ Male Female	
Blood Pressure #1/#2	PHYSICAL EXAMINATION					
Normal Abnormal findings Initials	Height	Weight	Vision	Right	Left	Both
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:	Blood Pressure #1/_	#2	/(Rep	peat if >120/80)		
Heart Pulses (femoral) Other Musculoskeletal Neck Shoulders/arms Elbows/forearms Wrists/hands/fingers Hips/thighs Back Knees Legs/Ankles Feet/toes Feurctional (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:	Focused Exam	Normal	Abnormal findings		Initials	
Pulses (femoral) Other Musculoskeletal Neck Shoulders/arms Ellbows/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:	Appearance (Marfan stigmata)					
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:	Heart					
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):	Pulses (femoral)					
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:	Other					
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):	Musculoskeletal					
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):	Neck					
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):	Shoulders/arms					
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):	Elbows/forearms					
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):	Wrists/hands/fingers					
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):	Hips/thighs					
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):	Back					
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: Exam date:	Knees					
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: Exam date:	Legs/Ankles					
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: Exam date:	Feet/toes					
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:	-					
Comments: Name of examiner(s):Exam date:	Cleared for all sports			ations for further evalu	uation or treatment for:	
Comments: Name of examiner(s):Exam date:						
	Name of examiner(s):			Exam (date:	
LAGRIFICE A MERICINE CONTROL C						

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

Name_____Age____ Male Female