

PART B PHYSICAL EXAMINATION RECORD (TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR)

Height (inches) _____ Blood Pressure _____ / _____ Vision (Right) _____

Weight (pounds) _____ Pulse _____ Vision (Left) _____

CORE EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Eyes			
b. Ears, Nose, Throat			
c. Mouth, Teeth			
d. Neck			
e. Cardiovascular			
f. Chest, Lungs			
g. Abdomen			
h. Skin			
i. Genitalia, Hernia			

ORTHOPEDIC EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Neck			
b. Spine			
c. Shoulders			
d. Arms, Elbows			
e. Forearms, Wrists, Hands			
f. Hips			
g. Knees, Legs			
h. Ankles, Feet			
i. Flexibility			
j. Neuromuscular			

Abnormalities found in the health history and/or physical examination that needs assessment:

RECOMMENDATIONS: Approved for full participation Needs to have the above abnormalities cleared before participation.

Disqualified or limited in the following sports:

X _____
Licensed Medical Doctor's Signature

Date: _____

Licensed Medical Doctor's Printed Name

Licensed Medical Doctor's Address