

**University of New England
Athletic Training**

Return to: Angela Potter
University of New England
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Physical Exam Evaluation

SPORT: _____

Physical Examination

Name _____	Date of birth _____
Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____(____/____, ____/____)	
Vision R 20/____ L 20/____ Corrected Y N Pupils Equal _____ Unequal _____	

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

___ Cleared
___ Cleared after completing evaluation/rehabilitation for _____

___ Not cleared for _____ Reason _____

Recommendations _____

Name of Physician (please print) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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