

Name: _____

Part 2: General Examination (To be completed by the Examining Physician)

	Normal	Abnormal (Describe)	Vitals	
Eyes, Ears, Nose Throat			Blood Pressure	_____
Skin				Resting Pulse
Lungs			Height	
Abdomen			Weight	_____
Heart				_____
Genitalia, Hernia				

Visual Acuity: R _____ L _____ With Correction: R _____ L _____

Orthopedic & Muscular Exam

Circle OK of normal: (Please describe any abnormalities)

General Flexibility

Hamstrings OK / AB
Lumbar Spine OK / AB
Adduction (Groin) OK / AB
Achilles OK / AB
Quadriceps OK / AB

Neck: Motion/Strength

Flexion OK / AB
Extension OK / AB
Rotation Left OK / AB
Rotation Right OK / AB
Lateral Flexion Right OK / AB
Lateral Flexion Left OK / AB

Trunk:

Flexion OK / AB
Extension OK / AB
Rotation Left OK / AB
Rotation Right OK / AB
Lateral Flexion Right OK / AB
Lateral Flexion Left OK / AB

Shoulders: Motion/Strength

Forward flexion OK / AB
Abduction OK / AB
Extension OK / AB
Internal rotation OK / AB
External rotation OK / AB
Horizontal adduction OK / AB
Stability OK / AB
A-C Joint OK / AB

Elbow: Motion/Strength

Biceps flexion OK / AB
Triceps extension OK / AB
Supination OK / AB
Pronation OK / AB

Wrist/Hand: Motion/Strength

Flexion OK / AB
Extension OK / AB
Radial/Ulnar Deviation OK / AB
Circumduction OK / AB

Knee & Surrounding Areas

Quad musculature OK / AB
Knee Flexion/Extension OK / AB

Patella:

Normal tracking OK / AB
Subluxable OK / AB
Patellar tendon OK / AB
Tibial tuberosity OK / AB

Ligament:

MCL OK / AB
LCL OK / AB
PCL OK / AB
ACL OK / AB
Duck walk OK / AB

Ankle: Motion/Strength

Plantar-flexion OK / AB
Dorsi-flexion OK / AB
Inversion OK / AB
Eversion OK / AB

Disposition

Cleared for collision, contact and non-contact sports: Y N

Conditional participation, limited to the following: _____

No participation until: _____

No participation in sports due to: _____

Doctor's Signature

MD License #

Date

Print or Stamp MD's Name