



**LIVE OAK JAGUARS PHYSICAL EXAMINATION/
EVALUATION FORM**

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Grade: _____ School: _____ Sport: _____

Address: _____ Phone: _____

Personal Physician: _____

Parent/Guardian Name: _____ Phone (H) _____ Work _____ Cell _____

Parent/Guardian Name: _____ Phone (H) _____ Work _____ Cell _____

PHYSICAL EXAMINATION DATE:

Height _____ Weight _____ %Body fat (optional) _____ Pulse _____ BP/ _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected Y or N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<u>MEDICAL</u>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<u>MUSCULOSKELETAL</u>			
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 _____ Date: _____
 Address _____ Phone: _____
 Signature of Physician _____