

Date \_\_\_\_\_

## PART 2: GENERAL EXAM (To be completed by examining physician)

	NORMAL	ABNORMAL (Describe)	FILL IN INFORMATION
Eyes, Ears, Nose, Throat			
Skin			
Lungs			
Heart			
Abdomen			
<b>Pulse:</b>		<b>Blood Pressure</b>	
<b>Height:</b>		<b>Weight:</b>	

### SUGGESTED MUSCULOSKELETAL EXAM

ROM STRENGTH Normal/Abnormal (Circle One)			ROM STRENGTH Normal/Abnormal (Circle One)		
		<b>CERVICAL/SPINE</b>			<b>GENERAL FLEXIBILITY</b>
N	A	Flex/Ext	N	A	Hamstrings
N	A	Rotation right/left	N	A	Quadriceps
N	A	Lateral flexion right/left	N	A	Lumbar Spine
N	A	Thoracic	N	A	Achilles
N	A	Lumbar			<b>LOWER EXTREMITY</b>
N	A	Flex/Ext	N	A	Hip?
N	A	Rotation right/left	N	A	Hip Flexors/Gluteals?
N	A	Lateral flexion right/left	N	A	Add/Abd-Groin/TT?
N	A	Abdominals/Obliques	N	A	Int./Ext. Rotation?
		<b>UPPER EXTRMITY</b>	N	A	Knee?
N	A	Shoulder	N	A	Patellar Tendon?
N	A	Forward flexion/Ext	N	A	Tibial Tuberosity?
N	A	Abduction/adduction	N	A	MCL/LCL?
N	A	Internal/Ext Rotation	N	A	ACL/PCL?
N	A	Horizontal Abd/Add	N	A	Cartilage Testing:
N	A	A C Joint/Clavicle	N	A	Quads/Hamstrings
N	A	Stability Testing	N	A	Gast/Soleus Complex
N	A	Biceps flex/ext	N	A	Patella
N	A	Elbow	N	A	Crepitus
N	A	Supination/Pronation	N	A	Tracking
N	A	Wrist/hand	N	A	Ankle
			N	A	Plantar/Dorsiflexion
			N	A	Inversion/Eversion
			N	A	Subtalar Joint
			N	A	Ligament Testing
			N	A	Feet/Toes

### USE THIS SPACE TO DESCRIBE ABNORMALS

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#### DISPOSITION:

- ☐ Cleared for collision, contact and non-contact sports  
☐ Conditional participation, limited to: \_\_\_\_\_  
☐ No participation until: \_\_\_\_\_  
☐ No participation in any sport or physical education because of: \_\_\_\_\_

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Doctor's Signature MD
License #
Date