

Athletic Health Screening Examination

Name: _____ Height: _____ Weight: _____
 Blood Pressure: _____ Pulse: _____ Glasses/Contact lenses: Y N Vision: R 20/____ L 20/____

Normal	Abnormal	Check each item, giving details in space to right if abnormal or noteworthy	
		MEDICAL EXAM	
		1. General appearance (fitness, body fat)	
		2. HEENT (pupils, ears, nose, mouth, teeth, throat)	
		3. Chest (chest wall, breath sounds)	
		4. Cardiac (pulses, rhythm, murmur)	
		5. Abdomen (liver, spleen, masses)	
		6. Genitourinary (hernia, testes)	
		7. Skin (rash, jaundice)	
		8. Neurologic (CNS, DTR's, sensation)	
		9. Other	
		MUSCULOSKELETAL EXAM	
		1. Supine (deformity, tenderness, motion, strength)	
		a. cervical	
		b. thoracic	
		c. lumbar	
		2. Upper extremity (deformity, tenderness, motion, strength, stability)	
		a. AC joint/clavicle	
		b. shoulder	
		c. elbow	
		d. wrist	
		e. hand	
		3. Lower extremity (deformity, tenderness, flexibility, strength, stability)	
		a. hip	
		b. knee (MCL, LCL, ACL, PCL, menisci)	
		c. leg (hamstrings, quads, gastroc)	
		d. ankle (talar tilt, drawer)	
		e. foot	

FINDINGS/PROBLEMS

Diagnosis

1. _____
2. _____
3. _____

Treatment Recommendations

DISPOSITION

1. Cleared for collision, contact, non-contact sports.
2. Conditional Participation, limited to: _____
3. No Participation until: _____
4. No Participation in any sport because of: _____

DOCTORS SIGNATURE: _____ MD DATE: _____

PHYSICIAN'S STAMP: