

PHYSICAL EXAMINATION

Age: _____ Grade: _____ Height: _____ Weight: _____

Urinalysis: _____ % Body Fat (SS) = _____ Hct: _____ %

Run Distance: _____ Run Time: _____ min _____ sec

Pre Exercise BP: _____ Pulse: _____

Post Exercise BP: _____ Pulse: _____ Murmur: _____

Pulmonary Function: FCV (pred _____) _____ FEV1 (pred _____) _____
 _____ % _____ %

Strength Tests:

QuadricepsWt: _____ (_____ % wt) Pass: YES NO

HamstringsWt: _____ (_____ % wt) Pass: YES NO

NORMAL

ABNORMAL

A

- | | | |
|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | 1. General growth and development | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Back / Spine / Posture | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Extremities / Feet | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Neurologic | <input type="checkbox"/> |

B

- | | | |
|--------------------------|------------------------|--------------------------|
| <input type="checkbox"/> | 5. EENT | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Head and neck | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Skin / Hair / Nails | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. Lymphatics | <input type="checkbox"/> |

C

- | | | |
|--------------------------|-------------------------|--------------------------|
| <input type="checkbox"/> | 9. Chest and Lungs | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. Cardiovascular | <input type="checkbox"/> |
| <input type="checkbox"/> | 11. Abdomen | <input type="checkbox"/> |
| <input type="checkbox"/> | 12. Hernias / Genitalia | <input type="checkbox"/> |

Recommendations:

- No contraindications to FULL PARTICIPATION
- May participate with the following QUALIFICATIONS:
refer to:

Participation CONTRAINDICATED for the following reasons:

Examiner A's Signature _____

Examiner B's Signature _____

Examiner C's Signature _____

Date: _____