



NAME: \_\_\_\_\_

TO BE COMPLETED BY HEALTH CARE PROVIDER

	NORMAL	ABNORMAL FINDING	COMMENTS
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (incl.: liver, spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia			
Neck/Back/Spine: Range of Motion			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological Balance & Coordination Romberg			

LIMITATIONS IN PHYSICAL ACTIVITY? NO \_\_\_\_\_ YES \_\_\_\_\_ (Explain Below)

Restrictions:

\_\_\_\_\_

Date of Exam:

\_\_\_\_\_

Examined By: \_\_\_\_\_ School Physician \_\_\_\_\_ DO \_\_\_\_\_ NP \_\_\_\_\_ PA \_\_\_\_\_

Physician/Provider Signature: \_\_\_\_\_

Office Stamp: