



**PART B PHYSICAL EXAMINATION RECORD (TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR)**

Height (inches) \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Vision (Right) \_\_\_\_\_

Weight (pounds) \_\_\_\_\_ Pulse \_\_\_\_\_ Vision (Left) \_\_\_\_\_

CORE EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Eyes			
b. Ears, Nose, Throat			
c. Mouth, Teeth			
d. Neck			
e. Cardiovascular			
f. Chest, Lungs			
g. Abdomen			
h. Skin			
i. Genitalia, Hernia			

ORTHOPEDIC EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS
a. Neck			
b. Spine			
c. Shoulders			
d. Arms, Elbows			
e. Forearms, Wrists, Hands			
f. Hips			
g. Knees, Legs			
h. Ankles, Feet			
i. Flexibility			
j. Neuromuscular			

**Abnormalities found in the health history and/or physical examination that needs assessment:**

**RECOMMENDATIONS:**  Approved for full participation  Needs to have the above abnormalities cleared before participation.

Disqualified or limited in the following sports:

\_\_\_\_\_

**X** \_\_\_\_\_  
Licensed Medical Doctor's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Licensed Medical Doctor's Printed Name

\_\_\_\_\_  
Licensed Medical Doctor's Address