

**Miami University Middletown
Athletic Department – Physical Examination**

Name _____ Year _____ Sport _____ Date _____
 Height _____ Weight _____ BP _____ Pulse _____ Vision R 20/____ L 20/____ Corrected: Y N

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Abnormal			
Genitalia			
Visual			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
ENT			
Neurological			
Skin			
Other			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation or rehabilitation for: _____
- C. Not Cleared for: ___ Collision ___ Strenuous
 ___ Contact ___ Moderately strenuous
 ___ Noncontact ___ Nonstrenuous

Due to: _____

Recommendations: _____

Name of Physician: _____

Address: _____

Date: _____ Phone: _____ Signature of Physician: _____