



71 Clement Road
Rutland, VT 05701

Physical Examination Form for Athletes

Name: _____

SSN: _____

Date of Birth: _____

Date of Exam: _____

Pulse: _____ Resp: _____ Temp: _____ BP: _____

NORMAL ABNORMAL COMMENTS:

HEENT _____

Neck _____

Lungs _____

Abdomen _____

Back _____

Extremities _____

Skin _____

Neuro _____

Joints _____

Lymph Nodes _____

Hernia _____

Cardio _____

Other _____

Immunizations:

Tetnus _____

Hepatitis B _____

MMR _____

History of Chicken Pox _____

RESULTS BASED ON THE PHYSICAL EXAM:

- Examinee is medically able to participate in athletics.
- Examinee is able to participate in athletics *with the following restrictions:* _____

- Examinee is **unable** to participate in athletics.

Examination findings discussed with examinee:	Yes	No
Recommendations made to examinee:	Yes	No

If yes, follow-up visit scheduled on: _____

Physician's / Physician's Assistant Signature: _____