HERITAGE
CHRISTIAN ACADEMY

Patient's Name _____ Date of Birth: _____

| Examination: | | | |
|---|---|---|---|
| Height: | Weight: | ☐ Male | ☐ Female |
| BP / ( / ) | Pulse | Vision R 20/ | L20/ |

| Musculoskeletal | Normal | Abnormal |
|---|---|---|
| Neck | ☐ | ☐ |
| Back/Spine/ Posture | ☐ | ☐ |
| Shoulder/Arm | ☐ | ☐ |
| Elbow/Forearm | ☐ | ☐ |
| Wrist/Hand/Fingers | ☐ | ☐ |
| Hip/Thigh | ☐ | ☐ |
| Knee | ☐ | ☐ |
| Leg/Ankle | ☐ | ☐ |
| Foot/Toes | ☐ | ☐ |
| Functional – walk | ☐ | ☐ |

| Medical | Normal | Abnormal |
|---|---|---|
| Eyes/Ears/Nose/Throat | ☐ | ☐ |
| Lymph nodes | ☐ | ☐ |
| Heart | ☐ | ☐ |
| Pulses | ☐ | ☐ |
| Lungs | ☐ | ☐ |
| Abdomen | ☐ | ☐ |
| Genitourinary (*Males Only) | ☐ | ☐ |
| Skin | ☐ | ☐ |
| Neurologic | ☐ | ☐ |

- ❑ Cleared for All sports without restriction
- ❑ Cleared for All sports with restrictions for further evaluation or treatment for
- ❑ Not cleared for any sports.

Name of Examiner:_____

Examiners Signature: _____ Date of Exam:_____