

Medical Examination – To be Completed By Medical Doctor or his designee

NAME _____ DATE OF BIRTH _____ MEDICAL EXAM DATE _____

GENERAL EXAM

	Normal	Abnormal Findings
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
	Arrhythmia	
	Murmur	
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY (TANNER STAGE) 1 2 3 4 5		

HEIGHT _____ WEIGHT _____
 BLOOD PRESSURE _____ PULSE _____
 HCT/HGB _____
 URINALYSIS: PROTEIN _____ BLOOD _____ GLUCOSE _____
 VISUAL ACUITY: _____ RIGHT _____ LEFT _____
 CORRECTED TO: _____ RIGHT _____ LEFT _____
 HEARING: _____
 BODY FAT (Optional) = _____ %
 CHOLESTEROL (Optional) = _____
 LAST TETANUS BOOSTER: _____ DATE: _____
 LAST MEASLES (MMR) BOOSTER DATE: _____
 OTHER IMMUNIZATIONS _____ DATE: _____

SUMMARY: _____

ORTHOPEDIC EXAM

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK		
SPINE		
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

RECOMMENDATIONS

WEIGHT LOSS/GAIN _____
 STRENGTHENING _____
 STRETCHING _____
 CONDITIONING (Endurance) _____
 MEDICATIONS _____
 SPECIAL EQUIPMENT _____
 BRACING/TAPING _____

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed below:

 SIGNATURE OF MEDICAL DOCTOR _____ M.D. _____ DATE _____ TELEPHONE _____ MEDICAL DOCTOR (PRINT OR STAMP) _____

This form was developed and approved by: Connecticut Chapter, Committee on Sports Medicine – American Academy of Pediatrics
 Connecticut Chapter, Committee on School Health – American Academy of Pediatrics
 The Connecticut State Medical Society Committee on the Medical Aspects of Sports

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