



Trinity Episcopal School Sports Physical Examination

(This form must be completed each year prior to participation in middle school sports.)

Student Name _____ School Year _____

Gender _____ Age _____ Date of Birth _____

Height _____ Weight _____ BMI _____

Pulse _____ Blood Pressure _____/_____

Vision: L _____ R _____

Vision Corrected: Y or N Pupils: Equal _____ Unequal _____

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in supine position			
Heart- Auscultation of heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

Continued on Back

*station-based examination only

Musculoskeletal	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

Clearance

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Provider Name: _____ Date of Exam: _____

Provider Signature: _____

Provider Address: _____

Provider Phone #: _____