



San Diego Academy
SPORTS PHYSICAL EXAMINATION FORM

NAME _____

VITALS

Blood Pressure _____ Height _____ Weight _____

MUSCULOSKELETAL EXAMINATION

| Normal | Abnormal | Musculoskeletal | Description of Abnormal Finding |
|--------|----------|-------------------------|---------------------------------|
| | | Knee | |
| | | Ankle | |
| | | Shoulder | |
| | | Other joints | |
| | | Alignment Problems | |
| | | Scoliosis | |
| | | Feet | |
| | | Estimate of Strength | |
| | | Estimate of Flexibility | |

CARDIOVASCULAR EXAMINATION

Normal Abnormal

ASSESSMENT

No problems identified

Other _____

RECOMMENDATIONS

Unlimited

Limited to specific sports _____

Deferred until _____

REEXAMINE

Yearly and after any injury that limits participation for longer than one week

Other _____

Physician Name

Telephone

Physician Signature

Date