



**Burlington High School Athletics Department  
Physical Examination**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ YOG \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Significant Illness or Injury \_\_\_\_\_

Recent eye exam: Date of exam: \_\_\_\_\_ Passed ( ) Failed ( ) Glasses ( ) Contacts ( )

<u>Medical Exam</u>	<u>Normal</u>	<u>Abnormal Findings</u>
<b>Appearance</b>		
<b>Eyes/Ears/Nose/Throat</b>		
<b>Lymph Nodes</b>		
<b>Heart</b>		
<b>Pulses</b>		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Genitalia (males only)</b>		
<b>Skin</b>		
<b>Musculoskeletal</b>		
<b>Neck</b>		
<b>Back</b>		
<b>Shoulder/arm</b>		
<b>Elbow/forearm</b>		
<b>Wrist/hand</b>		
<b>Hip/thigh</b>		
<b>Knee</b>		
<b>Leg/ankle</b>		
<b>Foot</b>		

Clearance: Yes ( ) No ( )

\*If not cleared, reason and recommendations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of School Physician: \_\_\_\_\_ Date: \_\_\_\_\_