

front

## **Physical**

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

Pulse \_\_\_\_\_

Weight \_\_\_\_\_ lbs                      Height \_\_\_\_\_ in

Heart \_\_\_\_\_

Neuro \_\_\_\_\_

Abdomen \_\_\_\_\_

Lungs \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Specific Evaluation for Previous Injury / Illness \_\_\_\_\_

### **If Applicable**

PT  
Evaluation \_\_\_\_\_  
\_\_\_\_\_

RT Evaluation / PFT  
Results \_\_\_\_\_  
\_\_\_\_\_

- A. Cleared for all sports \_\_\_\_\_
- B. Cleared with limitations \_\_\_\_\_
- C. Further Evaluation Recommended for: \_\_\_\_\_

Signed \_\_\_\_\_ MD

Signed \_\_\_\_\_ Coach