

**PHYSICAL EXAMINATION FORM****STUDENT NAME:** _____**DATE OF BIRTH:** _____**DATE OF EXAM:** _____

EXAMINATION		
Height:	Weight :	
BP / (/)	Pulse:	Vision: R20/ L20/ Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

***Physical findings suggestive of CV Disease must have ECG and cardiology evaluation as clinically indicated for sports clearance.**

I have reviewed the above named student's history form for sport participation, general medical history and prior testing, medications and allergies and have completed the physical exam. Based on this evaluation, I offer the following recommendation for participation in sport at Mount Holyoke College:

- ☐ cleared for all sports without restriction
- ☐ cleared for sports without restriction with recommendations for further evaluation or treatment for: _____
- ☐ not cleared
- ☐ pending further evaluation
 - ☐ for any sport
 - ☐ for certain sports: _____

Reason & recommendations for further evaluation: _____

Clinician name: _____
Address: _____
Clinician signature: _____ Date: _____
Clinician Signature Required