

TUCSON UNIFIED SCHOOL DISTRICT ANNUAL PHYSICAL EXAMINATION

Student's Name _____ School Year _____

Sport/Activity _____ School _____ Grade _____ Matric # _____

Date of Birth _____ Age _____ Address _____

Gender **M** or **F** Date of Examination _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ Pupils: _____
Equal Unequal

Vision: R20/ _____ L20/ _____ Glasses/Contacts: Yes No

MEDICAL	Normal	Abnormal Findings	Initials	MUSCULOSKELETAL	Normal	Abnormal Findings	Initials
Appearance	_____	_____	_____	Neck	_____	_____	_____
Skin	_____	_____	_____	Back	_____	_____	_____
Eyes/Ears/Nose	_____	_____	_____	Shoulder/Arm	_____	_____	_____
Throat/Oropharynx	_____	_____	_____	Elbow/forearm	_____	_____	_____
Lymph Nodes	_____	_____	_____	Wrist/hand	_____	_____	_____
Heart	_____	_____	_____	Hip/thigh	_____	_____	_____
Pulses	_____	_____	_____	Knee	_____	_____	_____
Lungs	_____	_____	_____	Leg/ankle	_____	_____	_____
Abdomen	_____	_____	_____	Foot	_____	_____	_____
Genitalia/Hernia	_____	_____	_____				

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician: _____

MD / DO / NP / PA-C