

## ORTHOPAEDIC SCREENING

	<b>Normal</b>	<b>Comments/Abnormalities</b>
Head & Neck		
Back/Spine		
Cervical		
Thoracic		
Lumbar		
Upper Extremity: neuro, asymmetry		
Shoulder		
Elbow		
Arm		
Wrist		
Hand & Fingers		
Pelvis		
Lower Extremity: neuro, gait, asymmetry		
Hamstring		
Quadriceps		
Knee/Patella		
Low Leg		
Ankle		
Foot & Toes		
Other		
Surgical Scars		

**New Tusculum athlete?**

**YES/NO**

**Refer for further orthopaedic evaluation?**

**YES/NO**

**ATC/P.T.** \_\_\_\_\_ **DATE** \_\_\_\_\_

# Physical Examination

Name \_\_\_\_\_ Sports \_\_\_\_\_ Date \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_

Height \_\_\_\_\_ (in.) Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B.P. (Seated Brachial) \_\_\_\_\_

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: YES NO Pupil Size \_\_\_\_\_ Light Reflex \_\_\_\_\_

## GENERAL

	Normal	Abnormal Findings	Initials
Ears			
Nose			
Throat and Mouth			
Dental			
Lymph Nodes			
Skin			
Lungs			
Abdomen Tenderness			
Hernia			
Genitalia			
Urinalysis			
Orthopaedic Evaluation (see reverse)			
Special Equipment			
Regular Medication			
Immunization Review			

## CARDIOVASCULAR

Precordial Auscultation (supine and standing)			
Rhythm			
Murmurs			
Femoral Artery Pulses			
Marfan's Screening			

### CLEARANCE:

- A. Cleared
- B. Cleared after completion of treatment/rehabilitation for \_\_\_\_\_
- C. Not Cleared for:   Collision  
                                   Contact  
                                   Non-contact

Due to: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_