

OLLU SPORTS PHYSICAL

NAME: _____

Date: _____

Weight: _____

Vision: Corrected: Yes _____ No _____

Height: _____

Glasses _____ Contacts _____

Right eye 20/____ Left eye 20/____

Blood Pressure: _____

Pulse: _____

Body Area	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Abdomen: Assessment(inc. liver, spleen)			
Tanner Stage: Testes/Onset of menses:			
Hernia			
Neck/Back/Spine: Range of Motion:			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination: Romberg			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			

Additional observations: _____

CLEARANCE:

A. Student may participate in athletics: Yes _____ No _____ Date: _____

B. Cleared after completing evaluation/rehabilitation for: _____

C. **NOT CLEARED FOR:** Collision _____ Contact _____ Non-Contact _____

Strenuous _____ Moderate _____ Non-Strenuous _____

Diagnosis: _____

Recommendations: _____

Examined by: Physician's/Provider's Stamp:

Family Physician/Provider _____

Team/School Physician _____

MD _____ DO _____ NP _____ PA _____



OLLU SPORTS PHYSICAL

NAME: _____

Date: _____